

2016 Managed Long-Term Care Report



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Executive Summary

New York State certifies and oversees the operation of New York State managed long-term care (MLTC) plans. This oversight includes evaluating quality of care delivered by MLTC plans. This report describes New York State's certified MLTC plans and presents information about the quality of care they provide and enrollees' satisfaction with the plans. The report is organized into four sections: 1) MLTC program level information, 2) Plan level enrollee attributes, 3) Plan level performance, and 4) Plan level member satisfaction. Data sources and timeframes for the measures are described in the report.

The Managed Long-Term Care Program

MLTC plans assist chronically ill or disabled individuals who require health and long-term care services. The benefit package includes a range of health and social services. Including skilled nursing facility (SNF) services in the MLTC benefit package provides a financial incentive for MLTC plans to keep members healthy and living in the community. MLTC program level highlights include:

- Enrollment in the MLTC plans has been steadily increasing with current enrollment of 181,676 individuals as of November 2016.
- Seventy-nine percent of the membership was in New York City.
- Eighty-four percent of enrollees were over the age of 64.
- Eighty-nine percent were dually enrolled in Medicare and Medicaid.
- Eighty percent have been enrolled in the MLTC program for one year or more.
- Seven percent of enrollees were admitted to a nursing home and of that group, 44 percent were admitted for long-term placement.
- Fifteen percent of enrollees were admitted to the hospital. The most common reason for admission was respiratory problems.
- Nine percent of enrollees visited an emergency room. The most common reason for a visit was respiratory problems.

Enrollee Attributes

- Forty-six percent of enrollees were able to transfer with little to no help.

- Eighty-nine percent of enrollees had no behavioral problems.
- Forty-two percent of enrollees were living alone.

Plan Performance

The domains of quality performance in this report include: 1) Current plan performance rates such as the percentage of enrollees who received an annual flu shot, 2) Plan performance over time such as the percentage of enrollees whose pain intensity remained stable or improved over time, and 3) The rate of potentially avoidable hospitalizations (PAH) per 10,000 days enrolled in the plan. The tables include the plan-specific and statewide results and whether the plan's performance was statistically higher, the same, or lower than the statewide average. The following are highlights:

- Seventy-seven percent of enrollees received the recommended annual influenza vaccination. Plan results ranged from 65 to 96 percent.
- Ninety-four percent of enrollees had no falls that resulted in medical intervention in the past 90 days.
- Eighty-two percent of enrollees remained stable or demonstrated improvement in the activities of daily living function.
- Seventy-four percent of enrollees remained stable or demonstrated improvement in urinary continence.
- The statewide rate of PAH was 4 and plan results ranged from 0 to 9 potentially avoidable hospitalizations per 10,000 days enrolled in the plan.

Member Satisfaction

In the spring of 2015, the Department sponsored a satisfaction survey of MLTC enrollees who had six months of continuous enrollment in 2014. The overall response rate was 26 percent. The following are highlights:

- Eighty-six percent of respondents rated their health plan as good or excellent.
- Eighty-five percent rated the helpfulness of the plan in managing their illnesses as good or excellent.

Introduction



The Long-Term Care Integration and Finance Act (Chapter 659 of the Laws of 1997) provides the Commissioner of Health with the authority to certify managed long-term care plans and oversee their operation, including the quality of care. In November 2016, there were 38 MLTC organizations certified to enroll members in four plan types. Many MLTC organizations are certified to enroll in more than one plan type and are considered separate plans. The combination of MLTC organizations and plan types results in 65 plans. The tables in this report present information about the 38 MLTC organizations and 65 plans that were enrolling members during the data collection period.

New York State Department of Health (NYSDOH) has been publishing quality performance and enrollment data for MLTC plans since 2012. This is the fifth public report on MLTC performance. The analyses presented in this report provide the basis for more data-driven improvement initiatives.

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The Managed Long-Term Care Program



Managed long-term care (MLTC) plans assist chronically ill or disabled individuals who require health and long-term care services. MLTC plans receive a monthly risk-adjusted capitation payment from the New York State Medicaid Program to pay for a range of health and social services. The benefit package includes home care, personal care, ancillary services, and transportation services. A list of covered services is included in Appendix A. The costs of skilled nursing facility services are included in the capitation payment, thereby providing a financial incentive for the plans to keep their members healthy and living in the community. Depending on the type of plan, ambulatory care, inpatient, and mental health services may also be included in the benefit package.

Types of Managed Long-Term Care Plans

Within the MLTC program, there are four models of plans that are described below. All plans accept Medicaid payment. Some plans also accept Medicare or private payment for members who are not eligible for Medicaid.

Partial Capitation Plans

A risk-adjusted Medicaid capitation payment is provided to the plan to cover the costs of the long-term care and select ancillary services described in Appendix A. The enrollee's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicaid and Medicare or by the Medicaid program if they are not Medicare eligible. Partial capitation plans are required to coordinate all services for their members, including those that are not in the MLTC benefit package, such as visits to physicians and hospital admissions. The minimum age requirement is 18 years. Partial capitation contracts must be approved by the Centers for Medicare and Medicaid Services (CMS) and the NYSDOH. All partial capitation plans operating in New York State receive a Certificate of Authority from the Department of Health.

Program of All-inclusive Care for the Elderly Organizations

Program of All-inclusive Care for the Elderly (PACE) organizations provide a comprehensive system

of health care services for members age 55 and older who are otherwise eligible for nursing home admission. Both Medicare and Medicaid pay for PACE services on a capitated basis. PACE members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long-term care services required by a PACE member. The PACE organization is approved by CMS and the NYSDOH.

Medicaid Advantage Plus

Medicaid Advantage Plus (MAP) plans must be certified by the NYSDOH as MLTC plans and by CMS as Medicare Advantage Plans. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the services in Appendix A and also covers Medicare co-payments and deductibles. The minimum age requirement is 18 years. All enrollees must be eligible for nursing home placement.

Fully Integrated Duals Advantage

Fully Integrated Duals Advantage (FIDA) plans are approved by CMS and the NYSDOH. The plan receives a capitation payment from both Medicaid and Medicare and provides a comprehensive benefit package. The FIDA benefit package includes all Medicare physical health, behavioral health, and prescription drug services, as well as all Medicaid physical health, behavioral health, and long-term support services. Some additional services and benefits are also included. The minimum age requirement is 21 years.

Eligibility

The data in this report are representative of individuals who have enrolled in one of the four types of MLTC plans and have met the following criteria:

- Have a chronic illness or disability that makes an individual eligible for services usually provided in a nursing home;
- Are able to stay safely at home at the time when joining the plan;

- Are expected to need long-term care services for more than 120 days from the date of enrollment;
- Meet the age requirement of program and the plan;
- Reside in the area served by the plan.

Medicaid Redesign Team

In 2011, Governor Andrew Cuomo convened a task force consisting of policy experts and industry representatives to collaborate on redesigning New York State's Medicaid program. The members of the Medicaid Redesign Team (MRT) evaluated thousands of proposals solicited from experts and the public. Following a series of public meetings, the MRT voted on the proposals and 78 were enacted in the 2011-2012 budget. (More information is available at: http://www.health.ny.gov/health_care/medicaid/redesign/.)

MRT #90 required the mandatory transition and enrollment of certain community-based long-term care services recipients into Managed Long-Term Care as a component of a fully integrated care management system. In August 2012, the NYSDOH received written approval from CMS to begin mandatory enrollment in MLTC. This amendment to the Partnership Plan Medicaid Section 1115 Demonstration waiver required all dual-eligible individuals (persons in receipt of both Medicare and Medicaid benefits) ages 21 or older and in need of community-based long-term care services for more than 120 days to be mandatorily enrolled into Managed Long-Term Care Plans. The transition to MLTC was implemented in five phases ending in 2014. The following groups are excluded from transition to MLTC:

- Nursing Home Transition and Diversion Waiver participants;
- Traumatic Brain Injury Waiver participants;
- Assisted Living Program participants;
- Dual eligible individuals who do not require community-based long-term care services.

In 2015, New York State in partnership with the CMS began a MLTC FIDA demonstration project in the New York City area. FIDA plans provide a comprehensive benefit package to MLTC enrollees including Medicare covered services, Medicaid covered services, and some additional services and benefits. Opt-in enrollment began in January and passive enrollment occurred between April and October 2015.

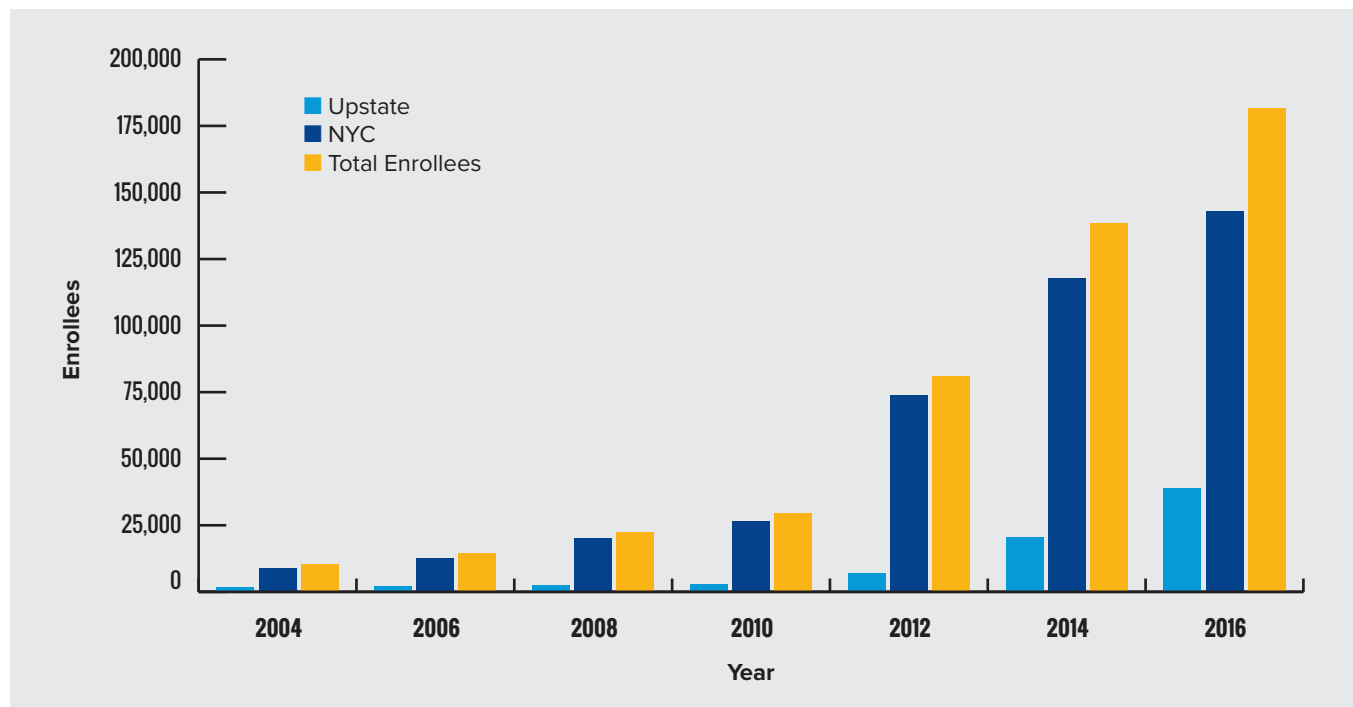
Enrollment and Availability

Figure 1 shows that MLTC enrollment has steadily increased over the past twelve years from

approximately 10,000 in 2004 to over 181,000 as of November 2016 with the number of plans growing from 16 plans to 65 plans. Ninety-one percent of the enrollment is in partial capitation plans and highly concentrated in New York City, which accounts for 79 percent of current MLTC enrollment. Enrollment in MAP, PACE, and FIDA plans is three percent each. As shown in Figure 1, the increase in enrollment in MLTC has accelerated following the implementation of MRT #90.

Every county in New York State has at least one MLTC plan authorized to operate. As of November 2016, MLTC has members enrolled in every county.

Figure 1
Managed Long-Term Care Enrollees by Location and Year



Uniform Assessment System for New York

The MLTC plans are required to collect and report to the NYSDOH information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnoses. This information is collected at enrollment and then semi-annually thereafter. From 2005 through September 2013, these data were collected using the Semi-Annual Assessment of Members (SAAM) instrument, a modified version of the Federal (Medicare) Outcome and Assessment Information Set (OASIS-B). The SAAM was used to establish clinical eligibility for the MLTC program and assist health providers in care planning and outcome monitoring.

Beginning on October 1, 2013, the SAAM instrument was replaced by the UAS-NY Community Assessment instrument which may include a Functional Supplement and/or Mental Health Supplement. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data. The interRAI organization and its assessment tools are used in many states, as well as Canada and other countries. Using the UAS-NY tool facilitates access to programs and services, eliminates duplicative assessment data, and improves consistency in the assessment process. Whether using the SAAM instrument or the UAS-NY, functional status data remain critical to inform

eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the patient's status differs from optimal health or functional status.

Submission of assessment data occurred twice a year with the SAAM instrument. Now assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted, and are added to the database upon submission. Each year, MLTC UAS-NY submissions will be used to create two static assessment files. One containing the most recent assessment for enrollees in each plan from January through June. The second containing the most recent assessment for enrollees in each plan from July through December. These two files will be used to describe and evaluate the MLTC plan performance.

Level of Care Score

The NYSDOH developed a functional assessment scoring system, the Nursing Facility Level of Care (NFLOC) score, based on the UAS-NY assessment instrument. The NFLOC score is comprised of 11 components that are derived from 22 items from the UAS-NY instrument. The items include the areas of incontinence, cognitive performance, Activities of Daily Living (ADLs), and behavior. Points are allocated to the different levels of functioning with the number of points increasing as the functional deficits increase. The maximum number of points is 48. A Level of Care Score of five or more indicates need of services usually provided in a nursing home.

The current statewide average UAS-NY NFLOC score is 18.9. Some measures in this report are based on the NFLOC score and its components allowing for a comparison of case mix among the plans.

Demographic Profile of MLTC Enrollees

The data in Table 1 are based on assessment data for the January through June 2016 enrollment period and therefore reflect the characteristics of the enrollees during that time frame. As shown,

84 percent of members are over the age of 64. Over two-thirds of the enrollees are nonwhite (66 percent) and six percent were in a nursing home at the time of the assessment. Eighty percent have been continuously enrolled in MLTC for 12 months or more.

Table 1
Demographic Profile

Measure	Percent
Age Groupings	
Age <21	0.0
Age 21-54	6.4
Age 55-64	9.7
Age 65-74	23.1
Age 75-84	32.9
Age 85+	27.9
Gender	
Male	29.9
Female	70.1
Race	
White Non-Hispanic	34.1
Black Non-Hispanic	17.9
Hispanic	23.7
Race Other	24.2
Primary Language	
English	42.4
Spanish	20.2
Chinese	13.3
Russian	13.5
Other	7.5
Missing	3.2
Enrollment	
Continuously Enrolled 12+ Months	80.4
Continuously Enrolled <12 Months	19.6

Measure	Percent
Payment Source	
Dually Enrolled in Medicaid and Medicare	88.9
Medicaid Only	11.1
Current Location	
Community	91.9
Nursing Home	5.9
Hospital	0.5
Other	1.1
Missing	0.6
Living Situation	
Alone	41.7
With Family/Relative	48.5
With Other	9.9
Most Frequent Diagnoses Statewide (Percent of All Members)	
Essential Hypertension	75.6
Osteoarthritis	59.9
Other Nervous System Disorder	56.9
Disorders of Lipid Metabolism	55.9
Genitourinary Symptoms	49.5
Coronary Atherosclerosis	44.1
Esophageal Disorder	41.0
Diabetes Mellitus without Complications	40.5
Other Gastrointestinal Disorder	37.1
Depressive Disorders	32.3

Utilization and Patient Safety

The following hospital and nursing home utilization data were derived from MLTC UAS-NY assessments conducted for the January 1, 2016 through June 30, 2016 time period. Table 2 shows the statewide percentage of members who within the last 90 days or since the last assessment if less than 90 days ago had: 1) a nursing home admission and reasons for nursing home admissions; 2) at least one, or two or more hospitalizations and reasons for hospital admissions; and 3) at least one, or two or more emergency room (ER) visits and reasons for ER visits. For nursing home, up to four reasons for admission may be selected. Table 2 shows nursing home admissions stratified by those for therapy services, long-term placement, unsafe for care at home, respite care, and end of life care. Up to four of 16 given reasons for hospital admission may be selected. Table 2 highlights categories that represent the more common clinical reasons for hospital admission: respiratory (respiratory problems, shortness of breath, infection, obstruction, COPD, pneumonia); falls (injury caused by fall or accident at home); scheduled surgical procedure; congestive heart failure (CHF) (exacerbation of

CHF, fluid overload, heart failure); and urinary tract infection. Likewise, up to four of nine given reasons for ER visits may be selected. Table 2 highlights the most common clinical reasons for ER visits: respiratory (respiratory problems, shortness of breath, respiratory infection, tracheobronchial obstruction), cardiac (cardiac problems, fluid overload, exacerbation of CHF, chest pain), nausea (nausea, dehydration, malnutrition, constipation, impactions), wound problems (infection, deteriorating wound status, new lesion/ulcer), and hypo/hyperglycemia. Please note that Table 2 is based on events and not members, and not all admission or visit reasons are presented; therefore, the total percent may not equal 100 percent.

The table below shows that seven percent of the population was admitted to a nursing home with the majority admitted for therapy services followed by long-term placement. Fifteen percent of enrollees were admitted to the hospital at least once with 20 percent admitted for respiratory problems and 12 percent for falls. Nine percent of enrollees had at least one ER visit with 13 percent for respiratory problems and seven percent for cardiac problems.

Table 2
Utilization and Patient Safety

Facility Type	Admissions/Visits				Admissions/Visits for Known Reasons, Percent									
	At Least One		Two or More		Reason 1		Reason 2		Reason 3		Reason 4		Reason 5	
	N	%	N	%										
Nursing Home Admissions	12,447	7	*	*	Therapy Services	47	Long-Term Placement	44	Unsafe at Home	10	Respite Care	1	End of Life Care	1
Hospital Admissions	24,345	15	3,961	2	Respiratory	20	Falls	12	Scheduled Procedure	8	Congestive Heart Failure	7	Urinary Tract Infection	7
Emergency Room Visits	14,439	9	2,224	1	Respiratory	13	Cardiac	7	Nausea	3	Wound	2	Hypo/Hyperglycemia	2

*No data to report

Plan Profiles

Table 3 summarizes the MLTC plans certified as of November 2016 by the NYSDOH to enroll Medicaid recipients. Regions of enrollment and enrollment

counts as of November 2016 are presented. Please refer to Appendix B for a listing of counties within each region. Plans may not be enrolling in every county in a region. Please verify availability with the plan.

Table 3
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2016)
Partial Capitation Plans		
1. Aetna Better Health www.aetnabetterhealth.com	Long Island, New York City	3,881
2. AgeWell New York www.agewellnewyork.com	Hudson Valley, Long Island, New York City	7,355
3. AlphaCare of New York www.alphacare.com	Hudson Valley, New York City	3,154
4. ArchCare Community Life www.archcare.org	Hudson Valley, New York City	2,175
5. CenterLight Select www.centerlighthealthcare.org	Hudson Valley, Long Island, New York City	5,135
6. Centers Plan for Healthy Living www.centersplan.com	Hudson Valley, New York City, Western	7,829
7. Elderplan dba Homefirst www.homefirst.org	Hudson Valley, Long Island, New York City	11,559
8. ElderServe dba RiverSpring www.elderservehealth.org	Hudson Valley, Long Island, New York City	11,033
9. Elderwood Health Plan www.elderwoodhealthplan.com	Western	62
10. Empire BCBS HealthPlus MLTC mss.empireblue.com/ny/pages/mltc.aspx	New York City	3,767
11. EverCare Choice www.evercare.org	Hudson Valley	829
12. Extended MLTC www.extendedmltc.org	Long Island, New York City	1,613
13. Fallon Health Weinberg www.fallonweinberg.org	Western	419
14. Fidelis Care at Home www.fideliscare.org	Central, Hudson Valley, Long Island, New York City, Northeast, Western	16,073
15. GuildNet www.guildnetny.org	Hudson Valley, Long Island, New York City	16,413
16. Hamaspik Choice www.hamaspikchoice.org	Hudson Valley	1,901
17. iCircle www.icirclecny.org	Central, Northeast, Western	1,534

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2016)
Partial Capitation Plans (Continued)		
18. Independence Care System <i>www.icsny.org</i>	New York City	6,348
19. Integra MLTC <i>www.integrplan.org</i>	Hudson Valley, Long Island, New York City	4,241
20. Kalos Health <i>www.kaloshealth.org</i>	Western	874
21. MetroPlus MLTC <i>www.metroplus.org</i>	New York City	1,300
22. Montefiore MLTC <i>www.montefiore.org</i>	Hudson Valley, New York City	1,226
23. North Shore-LIJ Health Plan <i>www.nsljhealthplans.com</i>	Long Island, New York City	4,068
24. Prime Health Choice <i>www.primechoicehealth.com</i>	Hudson Valley, Northeast	229
25. Senior Health Partners <i>www.shpny.org</i>	Hudson Valley, Long Island, New York City	12,845
26. Senior Network Health <i>www.faxtonstlukes.com</i>	Central	522
27. Senior Whole Health Partial <i>www.seniorwholehealth.com</i>	New York City	6,163
28. United Health Personal Assist <i>www.uhccommunityplan.com</i>	Central, New York City, Northeast, Western	2,552
29. VillageCareMAX <i>www.villagecaremax.org</i>	New York City	6,773
30. VNA Homecare Options <i>www.vnahomecareoptions.org</i>	Central, Northeast, Western	2,986
31. VNS CHOICE MLTC <i>www.vnsnychoice.org</i>	Central, Hudson Valley, Long Island, New York City, Northeast, Western	13,861
32. WellCare Advocate Partial <i>www.wellcare.com</i>	Hudson Valley, Long Island, New York City, Northeast, Western	6,061
Program of All-Inclusive Care for the Elderly (PACE)		
33. ArchCare Senior Life <i>www.archcare.org</i>	New York City	518
34. Catholic Health – LIFE <i>www.chsbuffalo.org</i>	Western	227
35. CenterLight PACE <i>www.centerlighthealthcare.org</i>	Hudson Valley, Long Island, New York City	3,337

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2016)
Program of All-Inclusive Care for the Elderly (PACE) (Continued)		
36. Complete Senior Care <i>www.hanci.com</i>	Western	136
37. Eddy Senior Care <i>www.nehealth.com</i>	Northeast	189
38. ElderONE <i>www.rochestergeneral.org</i>	Western	679
39. Fallon Health Weinberg-PACE <i>www.fallonweinberg.org</i>	Western	60
40. PACE CNY <i>www.pacecny.org</i>	Central	489
41. Total Senior Care <i>www.totalseniorcare.org</i>	Western	114
Medicaid Advantage Plus (MAP)		
42. Elderplan <i>www.elderplan.org</i>	Hudson Valley, Long Island, New York City	1,112
43. Empire BCBS HealthPlus MAP <i>mss.empireblue.com/ny/pages/mltc.aspx</i>	New York City	2
44. Fidelis Medicaid Advantage Plus <i>www.fideliscare.org</i>	New York City, Northeast	128
45. GuildNet Medicaid Advantage Plus <i>www.guildnetny.org</i>	Long Island, New York City	673
46. MHI Healthfirst Complete Care <i>www.healthfirst.org</i>	Long Island, New York City	4,015
47. Senior Whole Health <i>www.seniorwholehealth.com</i>	New York City	107
48. VNS CHOICE Total <i>www.vnsnychoice.org</i>	New York City	281
Fully Integrated Duals Advantage (FIDA)		
49. Aetna Better Health FIDA <i>www.aetnabetterhealth.com</i>	Long Island, New York City	49
50. AgeWell New York FIDA <i>www.agewellnewyork.com</i>	Long Island, New York City	39
51. AlphaCare Signature FIDA <i>www.alphacare.com</i>	New York City	6
52. CenterLight Healthcare FIDA <i>www.centerlighthealthcare.org</i>	Long Island, New York City	17

Table 3 (Continued)
Health Plan Profiles

Health Plan Name and Website	Regions of Enrollment	Enrollment (As of Nov. 2016)
Fully Integrated Duals Advantage (FIDA) (Continued)		
53. Elderplan FIDA Total Care <i>www.elderplanfida.org</i>	Long Island, New York City	299
54. FIDA Care Complete <i>www.centersplan.com</i>	New York City	22
55. Fidelis Care FIDA <i>www.fideliscare.org</i>	Long Island, New York City	303
56. GuildNet Gold Plus FIDA <i>www.guildnetny.org</i>	Long Island, New York City	798
57. Healthfirst AbsoluteCare FIDA <i>www.healthfirst.org</i>	Long Island, New York City	1,009
58. ICS Community Care Plus FIDA <i>www.icsny.org</i>	New York City	158
59. MetroPlus FIDA <i>www.metroplus.org</i>	New York City	171
60. North Shore-LIJ FIDA LiveWell <i>www.nsljhealthplans.com</i>	Long Island, New York City	28
61. RiverSpring FIDA <i>www.riverspringfida.org/riverspring</i>	Long Island, New York City	8
62. SWH Whole Health FIDA <i>www.seniorwholehealth.com</i>	New York City	113
63. VillageCareMAX Full Advantage FIDA <i>www.villagecaremax.org</i>	New York City	23
64. VNSNY CHOICE FIDA Complete <i>www.vnsnychoice.org</i>	Long Island, New York City	1,763
65. WellCare Advocate Complete FIDA <i>https://fida.wellcareny.com</i>	Long Island, New York City	22

Enrollee Attributes

The tables on the following pages describe the functional and health status of the MLTC population. Within this section, the measures are combined into the following domains of care: 1) Overall Functioning and Activities of Daily Living, 2) Continence, Neurological, and Behavioral Status, and 3) Living Arrangement and Emotional Status. Appendix C describes the measures used for each type of analysis.

Measures are based on the January 1, 2016 through June 30, 2016 enrollment period. Assessments conducted for any reason other than “first assessment” must occur within the enrollment period. Assessments specified as first assessments may occur up to 42 days prior to the start of plan

enrollment. Assessments conducted by Adult Day Health Care were excluded from all measures. Some members may have had multiple assessments during the enrollment period, therefore only the most recent assessment related to a plan enrollment is included in the measures.

Measures are reported as percentages of the eligible population. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members are excluded from the plan-level calculations and reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages.



Overall Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** NFLOC scoring index is a composite measure of overall functioning that includes ADL functional status, continence, cognition, and behavior. Average NFLOC score on a scale of 0-48 is presented. Zero represents the highest level of functioning.
- **Locomotion:** Percentage of members who moved between locations on the same floor independently, with setup help, or under supervision.
- **Bathing:** Percentage of members who took a full-body bath/shower independently, with setup help, or under supervision.
- **Transferring:** Percentage of members who moved on and off the toilet or commode independently, with setup help, or under supervision.
- **Dressing Upper Body:** Percentage of members who dressed and undressed their upper body independently, with setup help, or under supervision.
- **Dressing Lower Body:** Percentage of members who dressed and undressed their lower body independently, with setup help, or under supervision.
- **Toileting:** Percentage of members who used the toilet room (or commode, bedpan, urinal) independently, with setup help, or under supervision.
- **Eating:** Percentage of members who ate and drank (including intake of nutrition by other means) independently or with setup help only.
- **Medication Administration:** Percentage of members who managed their medications independently.

Table 4
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation Plans				
Aetna Better Health	19.3	36	6	36
AgeWell New York	17.7	47	9	51
AlphaCare of New York	15.0	63	21	63
ArchCare Community Life	17.9	50	8	56
CenterLight Select	20.6	34	7	37
Centers Plan for Healthy Living	19.4	8	2	7
Elderplan dba Homefirst	19.8	48	3	46
ElderServe dba RiverSpring	19.6	28	10	31
Elderwood Health Plan	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	17.7	49	13	57
EverCare Choice	16.9	67	24	66
Extended MLTC	13.6	85	25	66
Fallon Health Weinberg	13.3	82	29	80
Fidelis Care at Home	19.6	40	7	45
GuildNet	20.1	37	11	53
Hamaspik Choice	17.6	61	23	63
iCircle	16.7	64	16	69
Independence Care System	20.2	42	14	48
Integra MLTC	18.7	34	8	39
Kalos Health	14.2	79	26	76
MetroPlus MLTC	16.7	51	12	60
Montefiore MLTC	19.2	29	9	44
North Shore-LIJ Health Plan	17.9	51	12	57
Prime Health Choice	14.3	65	26	68
Senior Health Partners	19.2	35	9	43
Senior Network Health	13.5	83	27	84
Senior Whole Health Partial	15.3	65	14	71
United Health Personal Assist	18.4	55	6	58
VillageCareMAX	17.5	45	14	52
VNA Homecare Options	17.1	65	15	64

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Partial Capitation Plans (Continued)				
VNS CHOICE MLTC	20.5	27	3	32
WellCare Advocate Partial	16.9	52	18	55
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	19.0	52	25	56
Catholic Health – LIFE	17.0	76	29	72
CenterLight PACE	19.1	47	13	55
Complete Senior Care	15.6	79	31	73
Eddy Senior Care	16.5	74	25	79
ElderONE	15.9	79	41	78
Fallon Health Weinberg-PACE	SS	SS	SS	SS
PACE CNY	17.3	69	20	72
Total Senior Care	15.5	69	27	68
Medicaid Advantage Plus (MAP)				
Elderplan	19.8	55	2	51
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	19.4	48	9	55
GuildNet Medicaid Advantage Plus	19.2	39	13	54
MHI Healthfirst Complete Care	18.1	35	9	41
Senior Whole Health	19.3	48	5	50
VNS CHOICE Total	20.8	23	1	25
Fully Integrated Duals Advantage (FIDA)				
Aetna Better Health FIDA	24.8	14	0	17
AgeWell New York FIDA	21.0	33	2	26
AlphaCare Signature FIDA	18.7	42	5	43
CenterLight Healthcare FIDA	24.2	20	2	23
Elderplan FIDA Total Care	22.1	47	2	44
FIDA Care Complete	25.1	0	0	0
Fidelis Care FIDA	21.9	29	3	33
GuildNet Gold Plus FIDA	22.7	28	8	43
Healthfirst AbsoluteCare FIDA	20.7	28	8	34

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Overall Functioning	Activities of Daily Living		
	NFLOC	Locomotion	Bathing	Transferring
Fully Integrated Duals Advantage (FIDA) (Continued)				
ICS Community Care Plus FIDA	22.2	36	11	38
MetroPlus FIDA	17.1	45	8	60
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS
SWH Whole Health FIDA	18.4	54	12	61
VillageCareMAX Full Advantage FIDA	SS	30	7	SS
VNSNY CHOICE FIDA Complete	21.9	23	2	27
WellCare Advocate Complete FIDA	18.5	42	14	49
STATEWIDE	18.9	41	10	46

SS = Sample size too small to report

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation Plans					
Aetna Better Health	19	6	39	71	9
AgeWell New York	33	14	52	76	14
AlphaCare of New York	43	24	65	84	10
ArchCare Community Life	21	9	56	77	12
CenterLight Select	15	7	35	64	4
Centers Plan for Healthy Living	10	2	8	81	21
Elderplan dba Homefirst	20	4	24	19	1
ElderServe dba RiverSpring	18	12	28	64	6
Elderwood Health Plan	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	27	10	57	78	31
EverCare Choice	41	31	62	78	13
Extended MLTC	48	18	40	92	35
Fallon Health Weinberg	62	44	77	89	23
Fidelis Care at Home	23	10	39	66	11
GuildNet	26	11	50	71	11
Hamaspik Choice	35	26	59	76	14
iCircle	40	24	63	81	22
Independence Care System	23	8	51	70	22
Integra MLTC	21	7	40	68	5
Kalos Health	56	44	73	90	24
MetroPlus MLTC	29	13	63	76	10
Montefiore MLTC	15	6	38	67	8
North Shore-LIJ Health Plan	29	14	56	77	11
Prime Health Choice	64	40	66	87	14
Senior Health Partners	22	10	29	73	8
Senior Network Health	67	52	81	83	21
Senior Whole Health Partial	40	13	66	84	14
United Health Personal Assist	20	8	54	72	12
VillageCareMAX	33	14	55	76	13
VNA Homecare Options	41	26	60	78	20

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Partial Capitation Plans (Continued)					
VNS CHOICE MLTC	12	4	31	67	5
WellCare Advocate Partial	35	16	64	80	15
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	36	30	52	70	4
Catholic Health – LIFE	56	43	68	72	7
CenterLight PACE	27	15	54	74	15
Complete Senior Care	61	46	70	86	19
Eddy Senior Care	42	29	70	85	6
ElderONE	61	50	75	83	7
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS
PACE CNY	50	43	68	85	13
Total Senior Care	59	53	66	91	20
Medicaid Advantage Plus (MAP)					
Elderplan	20	3	23	16	1
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	26	13	39	71	5
GuildNet Medicaid Advantage Plus	26	14	55	74	15
MHI Healthfirst Complete Care	22	8	25	81	9
Senior Whole Health	15	6	48	68	9
VNS CHOICE Total	9	4	32	67	5
Fully Integrated Duals Advantage (FIDA)					
Aetna Better Health FIDA	4	0	11	58	4
AgeWell New York FIDA	15	4	24	61	7
AlphaCare Signature FIDA	16	8	42	79	18
CenterLight Healthcare FIDA	8	2	16	49	1
Elderplan FIDA Total Care	14	3	21	13	1
FIDA Care Complete	0	0	0	51	9
Fidelis Care FIDA	16	3	27	51	5
GuildNet Gold Plus FIDA	17	9	37	56	8
Healthfirst AbsoluteCare FIDA	17	7	19	67	5

Table 4 (Continued)
Overall Functioning and Activities of Daily Living

Health Plan	Activities of Daily Living				
	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Medication Administration
Fully Integrated Duals Advantage (FIDA) (Continued)					
ICS Community Care Plus FIDA	18	9	42	66	25
MetroPlus FIDA	21	10	64	76	10
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS
SWH Whole Health FIDA	17	6	54	71	8
VillageCareMAX Full Advantage FIDA	23	7	33	53	3
VNSNY CHOICE FIDA Complete	8	2	23	62	4
WellCare Advocate Complete FIDA	22	7	51	73	11
STATEWIDE	24	11	42	68	11

SS = Sample size too small to report



Continence, Neurological, and Behavioral Status

- **Urinary Continence:** Percentage of members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine.
- **Bowel Continence:** Percentage of members who were continent, had bowel control with ostomy, or were infrequently incontinent of feces.
- **Cognitive Functioning:** Percentage of members whose Cognitive Performance Scale 2 (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how an individual eats and drinks.
- **Behavior:** Percentage of members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, inappropriate public sexual behavior/disrobing, or resisting care).

Table 5
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation Plans				
Aetna Better Health	35	84	40	91
AgeWell New York	35	88	41	94
AlphaCare of New York	58	91	47	87
ArchCare Community Life	39	81	47	87
CenterLight Select	27	76	26	90
Centers Plan for Healthy Living	37	88	70	95
Elderplan dba Homefirst	31	80	27	90
ElderServe dba RiverSpring	18	85	33	80
Elderwood Health Plan	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	42	85	55	94
EverCare Choice	35	75	33	81
Extended MLTC	23	94	53	96
Fallon Health Weinberg	45	82	49	78
Fidelis Care at Home	42	77	45	90
GuildNet	31	77	39	85
Hamaspik Choice	46	75	38	76
iCircle	43	73	56	89
Independence Care System	30	66	54	92
Integra MLTC	40	87	34	92
Kalos Health	46	73	44	85
MetroPlus MLTC	50	84	54	95
Montefiore MLTC	44	81	40	93
North Shore-LIJ Health Plan	42	83	48	89
Prime Health Choice	48	87	59	91
Senior Health Partners	36	84	24	90
Senior Network Health	41	81	34	81
Senior Whole Health Partial	50	92	52	95
United Health Personal Assist	45	78	46	89
VillageCareMAX	48	89	47	92
VNA Homecare Options	40	71	47	83

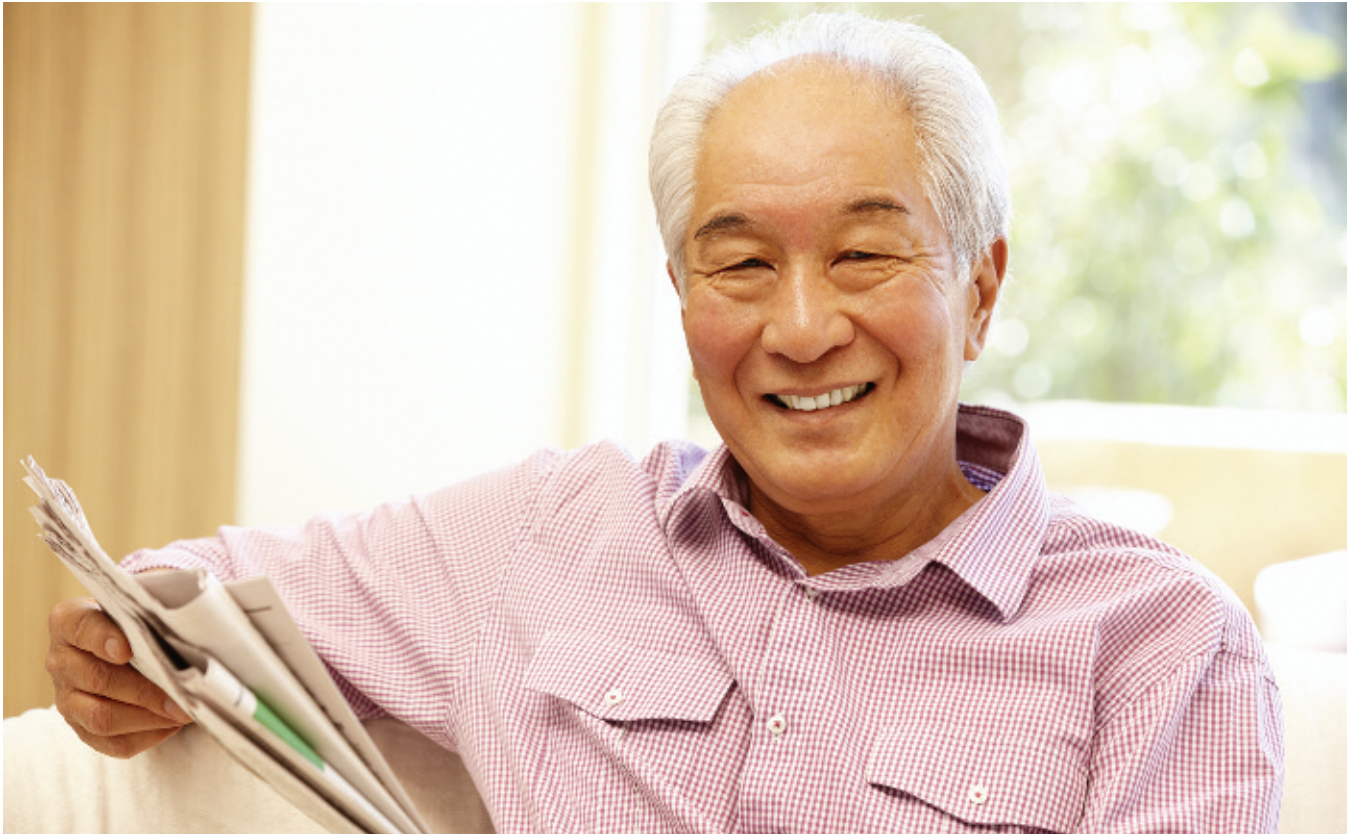
Table 5 (Continued)
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Partial Capitation Plans (Continued)				
VNS CHOICE MLTC	27	74	49	90
WellCare Advocate Partial	41	88	48	93
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	50	78	32	72
Catholic Health – LIFE	22	66	26	74
CenterLight PACE	24	77	36	88
Complete Senior Care	48	80	32	61
Eddy Senior Care	31	71	30	72
ElderONE	27	71	17	57
Fallon Health Weinberg-PACE	SS	SS	SS	SS
PACE CNY	22	69	21	72
Total Senior Care	35	78	25	70
Medicaid Advantage Plus (MAP)				
Elderplan	27	78	30	89
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	35	80	40	91
GuildNet Medicaid Advantage Plus	36	79	45	89
MHI Healthfirst Complete Care	39	89	25	93
Senior Whole Health	41	82	45	88
VNS CHOICE Total	28	74	50	95
Fully Integrated Duals Advantage (FIDA)				
Aetna Better Health FIDA	18	61	16	86
AgeWell New York FIDA	35	83	20	85
AlphaCare Signature FIDA	45	82	32	84
CenterLight Healthcare FIDA	22	64	14	86
Elderplan FIDA Total Care	30	68	23	85
FIDA Care Complete	17	80	31	88
Fidelis Care FIDA	39	74	37	93
GuildNet Gold Plus FIDA	28	69	29	80
Healthfirst AbsoluteCare FIDA	35	80	16	85

Table 5 (Continued)
Continence, Neurological, and Behavioral Status

Health Plan	Urinary Continence	Bowel Continence	Cognitive Functioning	Behavior
Fully Integrated Duals Advantage (FIDA) (Continued)				
ICS Community Care Plus FIDA	36	56	60	92
MetroPlus FIDA	41	83	54	95
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS
SWH Whole Health FIDA	42	78	39	90
VillageCareMAX Full Advantage FIDA	40	63	23	SS
VNSNY CHOICE FIDA Complete	20	70	45	89
WellCare Advocate Complete FIDA	39	80	46	93
STATEWIDE	35	81	41	89

SS = Sample size too small to report



Living Arrangement and Emotional Status

- **Living Alone:** Percentage of members who lived alone.
- **No Anxious Feelings:** Percentage of members who reported no anxious, restless, or uneasy feelings.
- **No Depressive Feelings:** Percentage of members who reported no sad, depressed, or hopeless feelings.

Table 6
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation Plans			
Aetna Better Health	33	86	76
AgeWell New York	38	79	58
AlphaCare of New York	33	78	71
ArchCare Community Life	42	71	61
CenterLight Select	41	73	60
Centers Plan for Healthy Living	33	83	68
Elderplan dba Homefirst	42	83	72
ElderServe dba RiverSpring	41	74	69
Elderwood Health Plan	SS	SS	SS
Empire BCBS HealthPlus MLTC	45	81	71
EverCare Choice	35	66	69
Extended MLTC	26	95	84
Fallon Health Weinberg	57	55	63
Fidelis Care at Home	43	76	66
GuildNet	47	67	62
Hamaspik Choice	36	57	61
iCircle	49	59	65
Independence Care System	51	78	69
Integra MLTC	45	74	56
Kalos Health	48	60	62
MetroPlus MLTC	39	86	70
Montefiore MLTC	44	80	69
North Shore-LIJ Health Plan	31	77	65
Prime Health Choice	39	79	82
Senior Health Partners	45	82	66
Senior Network Health	50	60	72
Senior Whole Health Partial	33	82	71
United Health Personal Assist	41	76	63
VillageCareMAX	39	79	67
VNA Homecare Options	45	63	69

Table 6 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Partial Capitation Plans (Continued)			
VNS CHOICE MLTC	43	84	73
WellCare Advocate Partial	35	85	74
Program of All-Inclusive Care for the Elderly (PACE)			
ArchCare Senior Life	35	77	79
Catholic Health – LIFE	26	61	72
CenterLight PACE	36	83	80
Complete Senior Care	42	54	70
Eddy Senior Care	54	54	63
ElderONE	42	56	70
Fallon Health Weinberg-PACE	SS	SS	SS
PACE CNY	59	65	73
Total Senior Care	46	29	38
Medicaid Advantage Plus (MAP)			
Elderplan	46	87	74
Empire BCBS HealthPlus MAP	SS	SS	SS
Fidelis Medicaid Advantage Plus	60	76	65
GuildNet Medicaid Advantage Plus	48	78	74
MHI Healthfirst Complete Care	50	83	68
Senior Whole Health	48	78	61
VNS CHOICE Total	36	91	76
Fully Integrated Duals Advantage (FIDA)			
Aetna Better Health FIDA	28	92	86
AgeWell New York FIDA	33	70	66
AlphaCare Signature FIDA	50	84	73
CenterLight Healthcare FIDA	51	83	74
Elderplan FIDA Total Care	42	88	80
FIDA Care Complete	29	79	66
Fidelis Care FIDA	49	85	70
GuildNet Gold Plus FIDA	47	73	72
Healthfirst AbsoluteCare FIDA	48	87	73

Table 6 (Continued)
Living Arrangement and Emotional Status

Health Plan	Living Alone	No Anxious Feelings	No Depressive Feelings
Fully Integrated Duals Advantage (FIDA) (Continued)			
ICS Community Care Plus FIDA	57	78	76
MetroPlus FIDA	51	86	73
North Shore-LIJ FIDA LiveWell	SS	SS	SS
RiverSpring FIDA	SS	SS	SS
SWH Whole Health FIDA	42	83	68
VillageCareMAX Full Advantage FIDA	47	SS	SS
VNSNY CHOICE FIDA Complete	46	86	75
WellCare Advocate Complete FIDA	45	88	70
STATEWIDE	42	78	68

SS = Sample size too small to report

Plan Performance

The tables on the following pages describe the performance of the MLTC plans. The analyses are divided into three sections: 1) Current plan performance rates, 2) Performance Over Time which reflects changes in the functional status of the MLTC population over a six to twelve month period, and 3) Potentially Avoidable Hospitalizations (PAH).

Measures reported as percentages of the eligible population include the following symbols to indicate whether the plan performed statistically significantly higher (▲) or lower (▼) than the statewide average. Variation and/or extremes in results are difficult to interpret for plans with low enrollment. Therefore, plans with fewer than 30 eligible members or for Potentially Avoidable Hospitalizations (PAH) 5,400 plan days are excluded from the plan-level calculations and reported in the tables as SS (Small Sample), but their data are still included in the calculation of statewide averages. Please note that the statistical significance shown in the Performance Over Time section is not whether the change in each plan's rate is statistically significant, but whether a plan's percentage of enrollees who are stable or improved is statistically different than the statewide average of enrollees who are stable or improved.

In response to feedback from the MLTC plans, some measures are risk-adjusted; risk-adjustment

is indicated in the measure descriptions. Risk adjustment takes into account the effect of members' characteristics (case-mix) on plan rates and reduces the differences in plan rates that are attributable to case-mix and therefore not within the plans' control. Information about the methods used to risk-adjust is included in the Technical Notes (Appendix D) of this report.

Tables 7, 9, and 10 are based on UAS-NY assessments conducted on MLTC members enrolled from January 1, 2016 through June 30, 2016 as described in the Enrollee Attributes section of this report. To allow MLTC plans to impact measures and represent the community-based MLTC population, Table 7 performance measures exclude assessments specified as first assessments and nursing home residents. Table 8 is based on the 2015 MLTC member satisfaction survey and presents measures on Access and Experience of Care. Please see the section titled Member Satisfaction for more information about the MLTC satisfaction survey.

Current Plan Performance

Current plan performance measure rates in Tables 7 and 8 are prevalence (point-in-time) rates which reflect only one measurement period.



Quality of Life, Effectiveness of Care, and Emergency Room Visits

- **No Shortness of Breath:** Percentage of members who did not experience shortness of breath.
- **No Severe Daily Pain:** Risk-adjusted percentage of members who did not experience severe or more intense pain daily.
- **Pain Controlled:** Risk-adjusted percentage of members who did not experience uncontrolled pain.
- **Not Lonely or Not Distressed:** Risk-adjusted percentage of members who were not lonely or did not experience any of the following: decline in social activities, eight or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities.
- **Influenza Vaccination:** Percentage of members who received an influenza vaccination in the last year.
- **Pneumococcal Vaccination:** Percentage of members age 65 or older, who received a pneumococcal vaccination in the last five years or after age 65.
- **Dental Exam:** Percentage of members who received a dental exam in the last year.
- **Eye Exam:** Percentage of members who received an eye exam in the last year.
- **Hearing Exam:** Percentage of members who received a hearing exam in the last two years.
- **Mammogram:** Percentage of female members ages 50-74, who received a mammogram or breast exam in the last two years.
- **No Falls:** Risk-adjusted percentage of members who did not have falls that required medical intervention in the last 90 days.
- **No Emergency Room Visits:** Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days.

Table 7
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Partial Capitation Plans						
Aetna Better Health	30▼	93▼	63▼	88	82▲	67
AgeWell New York	31▼	98▲	89▲	84▼	77	66
AlphaCare of New York	38	95	87	85▼	73▼	58▼
ArchCare Community Life	40▲	90▼	80▼	86▼	78	68
CenterLight Select	21▼	95	86	92▲	75▼	62
Centers Plan for Healthy Living	41▲	94	95▲	96▲	78	57▼
Elderplan dba Homefirst	28▼	96▲	93▲	92▲	77	62▼
ElderServe dba RiverSpring	24▼	98▲	92▲	94▲	74▼	53▼
Elderwood Health Plan	SS	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	41▲	93▼	87	93▲	81▲	63
EverCare Choice	56▲	91▼	81	83▼	78	54▼
Extended MLTC	80▲	99▲	99▲	100▲	85▲	63
Fallon Health Weinberg	49▲	87▼	77	68▼	75	67
Fidelis Care at Home	31▼	95	89▲	91	69▼	59▼
GuildNet	36	95	85	88▼	72▼	53▼
Hamaspik Choice	48▲	89▼	89▲	82▼	76	63
iCircle	35	73▼	73▼	68▼	80	80▲
Independence Care System	56▲	95	77▼	89	70▼	60▼
Integra MLTC	21▼	95	85	82▼	72▼	59▼
Kalos Health	41	89▼	80	71▼	74	72
MetroPlus MLTC	30	96	83	91	73	61
Montefiore MLTC	45▲	97	87	90	76	65
North Shore-LIJ Health Plan	33	89▼	78▼	85▼	78	64
Prime Health Choice	20	81▼	80	85	83	75
Senior Health Partners	53▲	98▲	96▲	91▲	82▲	78▲
Senior Network Health	37	92	79▼	84▼	82	73
Senior Whole Health Partial	29▼	96	84	88	83▲	66
United Health Personal Assist	30▼	94	82▼	86▼	71▼	56▼
VillageCareMAX	40▲	98▲	87	89	79▲	68▲
VNA Homecare Options	36	87▼	80▼	78▼	78	73▲

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Partial Capitation Plans (Continued)						
VNS CHOICE MLTC	20▼	93▼	71▼	92▲	82▲	74▲
WellCare Advocate Partial	39▲	91▼	82▼	91	81▲	65
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	68▲	95	85	90	82	75▲
Catholic Health – LIFE	43	93	75▼	84	96▲	85▲
CenterLight PACE	61▲	95	80▼	90	85▲	70▲
Complete Senior Care	47	100	86	74▼	77	79
Eddy Senior Care	55▲	94	85	81▼	92▲	83▲
ElderONE	52▲	94	81	87	94▲	83▲
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS	SS
PACE CNY	59▲	97	92▲	94	94▲	92▲
Total Senior Care	38	69▼	75	63▼	77	72
Medicaid Advantage Plus (MAP)						
Elderplan	36	95	93▲	92	76	61
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	30	98	93	91	75	67
GuildNet Medicaid Advantage Plus	46▲	93	83	90	79	64
MHI Healthfirst Complete Care	55▲	99▲	97▲	92	80	80▲
Senior Whole Health	30	96	88	82	84	62
VNS CHOICE Total	19	97	75	94	84	73
Fully Integrated Duals Advantage (FIDA)						
Aetna Better Health FIDA	22	100▲	80	99	78	70
AgeWell New York FIDA	47	100	93	91	88	85
AlphaCare Signature FIDA	38	98	73	77	65	SS
CenterLight Healthcare FIDA	31	96	91	95	73	64
Elderplan FIDA Total Care	35	99	96▲	96	76	57
FIDA Care Complete	53	97	96	100▲	66	SS
Fidelis Care FIDA	34	100▲	92	93	75	56
GuildNet Gold Plus FIDA	52▲	96	88	93	78	65
Healthfirst AbsoluteCare FIDA	63▲	100▲	98▲	95▲	81	82▲

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	No Shortness of Breath	No Severe Daily Pain*	Pain Controlled*	Not Lonely or Not Distressed*	Influenza Vaccination	Pneumo-coccal Vaccination
Fully Integrated Duals Advantage (FIDA) (Continued)						
ICS Community Care Plus FIDA	68▲	94	84	88	73	76
MetroPlus FIDA	32	95	81	92	81	72
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	34	98	85	78	70	63
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	18▼	96	75▼	93▲	80	72▲
WellCare Advocate Complete FIDA	54▲	90	80	97	71	58
STATEWIDE	36	95	85	90	77	64

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Partial Capitation Plans						
Aetna Better Health	51	75	36	60▼	95	93▲
AgeWell New York	54	78▲	41▲	66	96▲	94▲
AlphaCare of New York	57▲	76	42▲	71	93	89▼
ArchCare Community Life	44▼	70▼	34	72	94	87▼
CenterLight Select	49▼	76	37	69	95	94▲
Centers Plan for Healthy Living	39▼	65▼	25▼	61▼	96▲	95▲
Elderplan dba Homefirst	55▲	77	36	74▲	95	93▲
ElderServe dba RiverSpring	68▲	84▲	54▲	72▲	96▲	95▲
Elderwood Health Plan	SS	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	51	77	31▼	69	94	92
EverCare Choice	43▼	59▼	17▼	49▼	94	88▼
Extended MLTC	64▲	84▲	90▲	78	94	97▲
Fallon Health Weinberg	48	64▼	24▼	45▼	89	83▼
Fidelis Care at Home	55▲	77▲	49▲	66	93▼	90▼
GuildNet	47▼	71▼	33▼	60▼	94	90▼
Hamaspik Choice	47▼	60▼	21▼	56▼	94	87▼
iCircle	38▼	60▼	18▼	54▼	88▼	84▼
Independence Care System	51	68▼	32▼	69	95	93▲
Integra MLTC	62▲	80▲	45▲	69	94	89▼
Kalos Health	48	62▼	20▼	44▼	94	79▼
MetroPlus MLTC	53	73	36	74	94	92
Montefiore MLTC	49	74	36	64	95	91
North Shore-LIJ Health Plan	46▼	69▼	33▼	61	94	92
Prime Health Choice	54	66	21▼	64	93	96
Senior Health Partners	56▲	79▲	42▲	78▲	95	93
Senior Network Health	50	81	26▼	69	91	84▼
Senior Whole Health Partial	57▲	78▲	35	68	95	92
United Health Personal Assist	53	72	35	60	94	89
VillageCareMAX	55▲	77	38	77▲	95	91

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Partial Capitation Plans (Continued)						
VNA Homecare Options	38▼	65▼	20▼	57▼	91▼	83▼
VNS CHOICE MLTC	45▼	77▲	27▼	65	95	91
WellCare Advocate Partial	43▼	68▼	33▼	69	95▲	94▲
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	71▲	80	51▲	66	92	93
Catholic Health – LIFE	63	78	27	52	91	96
CenterLight PACE	60▲	81▲	46▲	78▲	94	89▼
Complete Senior Care	65	73	26	43	90	90
Eddy Senior Care	76▲	83	31	46	88▼	83▼
ElderONE	80▲	83▲	44	61	91▼	87▼
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS	SS
PACE CNY	77▲	86▲	41	71	89▼	92
Total Senior Care	53	85	28	53	79▼	77▼
Medicaid Advantage Plus (MAP)						
Elderplan	44▼	70▼	31▼	68	95	92
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	45	82	53▲	50	89	88
GuildNet Medicaid Advantage Plus	41▼	65▼	25▼	60	94	89
MHI Healthfirst Complete Care	57▲	84▲	44▲	85▲	96	91
Senior Whole Health	46	71	29	SS	92	84
VNS CHOICE Total	45	85	31	SS	96	89
Fully Integrated Duals Advantage (FIDA)						
Aetna Better Health FIDA	34	66	49	SS	98	91
AgeWell New York FIDA	47	50▼	29	SS	94	97
AlphaCare Signature FIDA	38	76	47	SS	95	89
CenterLight Healthcare FIDA	38▼	66	34	SS	97	99
Elderplan FIDA Total Care	37▼	59▼	23▼	54	95	95
FIDA Care Complete	28	34▼	19	SS	91	98
Fidelis Care FIDA	47	72	52▲	58	93	89

Table 7 (Continued)
Quality of Life, Effectiveness of Care, and Emergency Room Visits

Health Plan	Dental Exam	Eye Exam	Hearing Exam	Mammo-gram	No Falls*	No Emergency Room Visits*
Fully Integrated Duals Advantage (FIDA) (Continued)						
GuildNet Gold Plus FIDA	36▼	61▼	23▼	62	94	93
Healthfirst AbsoluteCare FIDA	47	76	43	74	96	92
ICS Community Care Plus FIDA	42	58▼	23▼	74	94	90
MetroPlus FIDA	58	74	43	75	94	90
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	32	58	24	SS	91	89
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	40▼	76	25▼	62	95	91
WellCare Advocate Complete FIDA	37	63	38	SS	94	94
STATEWIDE	52	75	37	68	94	92

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average



Access and Experience of Care

- **Access to Routine Dental Care:** Percentage of members who reported that within the last six months they always got a routine dental appointment as soon as they thought they needed.
- **Same Day Urgent Dental Care:** Percentage of members who reported that within the last six months they had same day access to urgent dental care.
- **Talked About Appointing for Health Decisions:** Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so.
- **Document Appointing for Health Decisions:** Percentage of members who responded that they have a legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan Has Document Appointing for Health Decisions:** Percentage of members who responded that their health plan has a copy of their legal document appointing someone to make decisions about their health care if they are unable to do so.
- **Plan Asked to See Medicines:** Percentage of members who responded that since they joined this health plan, someone from the health plan asked to see all of the prescriptions and over the counter medicines they've been taking.

Table 8
Access and Experience of Care

Health Plan	Access to Routine Dental Care	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions	Plan Asked to See Medicines
Partial Capitation Plans						
Aetna Better Health	25▼	27	57	48	68	95
AgeWell New York	34	28	46▼	40▼	70	96
AlphaCare of New York	SS	SS	42▼	41	SS	89
ArchCare Community Life	33	33	72	70▲	75	95
CenterLight Select	31	29	54	39▼	SS	91
Centers Plan for Healthy Living	35	27	61	45	77	96
Elderplan dba Homefirst	48	33	65	52	77	90
ElderServe dba RiverSpring	53	48▲	52▼	23▼	SS	94
Elderwood Health Plan	NS	NS	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	38	21	70	55	78	94
EverCare Choice	39	24	75▲	79▲	90▲	94
Extended MLTC	SS	SS	79▲	53	SS	94
Fallon Health Weinberg	SS	SS	SS	SS	SS	SS
Fidelis Care at Home	61▲	39	53▼	52	71	92
GuildNet	44	28	61	56	71	97▲
Hamaspik Choice	SS	SS	SS	SS	SS	SS
iCircle	NS	NS	NS	NS	NS	NS
Independence Care System	39	28	71	57	80	92
Integra MLTC	45	27	51▼	33▼	63	94
Kalos Health	NS	NS	NS	NS	NS	NS
MetroPlus MLTC	35	14▼	70	51	70	93
Montefiore MLTC	SS	SS	75	61	SS	97
North Shore-LIJ Health Plan	42	24	77▲	68▲	85▲	96
Prime Health Choice	NS	NS	NS	NS	NS	NS
Senior Health Partners	35	27	78▲	59	60	95
Senior Network Health	49	28	79▲	82▲	86▲	96
Senior Whole Health Partial	62▲	43	59	45	SS	98▲
United Health Personal Assist	50	35	56	47	SS	93
VillageCareMAX	36	46	63	47	66	94

Table 8 (Continued)
Access and Experience of Care

Health Plan	Access to Routine Dental Care	Same Day Urgent Dental Care	Talked About Appointing for Health Decisions	Document Appointing for Health Decisions	Plan Has Document Appointing for Health Decisions	Plan Asked to See Medicines
Partial Capitation Plans (Continued)						
VNA Homecare Options	SS	SS	67	63	SS	94
VNS CHOICE MLTC	42	25	76▲	61	74	93
WellCare Advocate Partial	39	36	60	43	71	91
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	SS	SS	70	77▲	SS	89
Catholic Health – LIFE	48	SS	93▲	98▲	98▲	92
CenterLight PACE	32	22	69	68▲	90▲	94
Complete Senior Care	SS	SS	90▲	95▲	94▲	100▲
Eddy Senior Care	SS	SS	SS	SS	SS	SS
ElderONE	31	17▼	70	81▲	92▲	84
Fallon Health Weinberg-PACE	NS	NS	NS	NS	NS	NS
PACE CNY	46	21	81▲	94▲	97▲	93
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
Elderplan	46	38	74▲	55	73	97▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	SS	SS	76	58	SS	SS
GuildNet Medicaid Advantage Plus	35	27	77▲	68▲	72	96
MHI Healthfirst Complete Care	38	42	77▲	59	66	93
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS CHOICE Total	SS	SS	79▲	72▲	SS	98▲
STATEWIDE	42	31	65	52	71	94

*Risk-adjusted, see Appendix D for more detail.

FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Performance Over Time

Overview

Twice each year, the NYSDOH creates summary reports containing descriptive information about members' status based on January through June and July through December MLTC assessments. While point-in-time reports are informative, they provide limited insight into the effectiveness of the MLTC program in stabilizing the functioning of their membership. This performance over time analysis examined Functioning and Activities of Daily Living, and Quality of Life and Effectiveness of Care, for MLTC plan members based on UAS-NY assessments completed for the included enrollment periods.

Outcome Definition

One of the primary objectives of long-term care is to improve or stabilize functional status, with stabilization being the most likely outcome for this population. For this reason a positive over-time measure outcome is defined as a member demonstrating either improvement or stability in level of functioning/symptoms over the measurement period.

Cohort Definition

To evaluate member level changes over a 12 month period, three UAS-NY datasets were matched at the member level. These three matched datasets were assessments conducted for: 1) The *current-year* (January through June 2016 enrollment period); 2) The *mid-year* (July through December 2015 enrollment period); and 3) The *base-year* (January through June 2015 enrollment period). A two-round matching algorithm was implemented to match members in the current-year dataset to either the base or mid-year dataset using two unique identifiers: the member's Medicaid identification number and the plan identification number. Nursing home assessments and initial assessments were excluded from the current-year dataset.

In the first round of matching, members in the current-year data set were matched to the base-year dataset. In the second round, those members who were not found in the base-year dataset were matched to the mid-year dataset. After the two rounds of matching, members were included in the analysis if they had 6 to 13 months between assessments, and were continuously enrolled with the same plan between the matched assessments. Medicaid capitation payments were used to determine continuous enrollment.

Outcome Measurement

For all over-time measures, the mid/base-year value was compared to the corresponding current-year value by calculating a change score (mid/base-year value minus current-year value). If either the mid/base-year or current-year values were missing, the change score was excluded from the analysis.

For measures with a narrow range of possible scores, an increase of one or the same result is considered stable or improved. For measures with a wide range of possible scores, a small increase or decrease in score may not represent a very meaningful change in functioning/symptoms. For the three measures with wide ranges of possible scores, the threshold for stability or improvement is given in the measure descriptions. A maximum level of dependence on both assessments is not considered stable or improved for any over-time measure. For all over-time measures, a higher rate indicates better performance.

As indicated in the measure descriptions, some over-time measures were risk adjusted. Risk adjustment takes into account the effect of members' characteristics (case mix) on plan rates and reduces the differences in plan rates that are attributable to case mix and therefore not within the plans' control. Information about the methods used to risk-adjust is included in the Technical Notes (Appendix D) of this report.



Functioning and Activities of Daily Living

- **Nursing Facility Level of Care (NFLOC):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in NFLOC score. An increase of up to four, the same, or a decrease in NFLOC from the previous to the most recent assessment is considered stable or improved. However, a NFLOC score of 48 (maximum) on both assessments is not considered stable or improved.
- **Activities of Daily Living (ADL):** Risk-adjusted percentage of members who remained stable or demonstrated improvement in ADL function. An increase of up to two, the same, or a decrease in the ADL composite from the previous to the most recent assessment is considered stable or improved. However, an ADL composite of 18 (maximum) on both assessments is not considered stable or improved.
- **Instrumental Activities of Daily Living (IADL):** Percentage of members who remained stable or demonstrated improvement in IADL function. An increase of up to three, the same, or a decrease in the IADL composite from the previous to the most recent assessment is considered stable or improved. However, an IADL composite of 30 (maximum) on both assessments is not considered stable or improved.
- **Locomotion:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in locomotion.
- **Bathing:** Percentage of members who remained stable or demonstrated improvement in bathing.
- **Toilet Transfer:** Percentage of members who remained stable or demonstrated improvement in toilet transfer.
- **Dressing Upper Body:** Percentage of members who remained stable or demonstrated improvement in dressing upper body.

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- **Dressing Lower Body:** Percentage of members who remained stable or demonstrated improvement in dressing lower body.
 - **Toileting:** Percentage of members who remained stable or demonstrated improvement in toilet use.
 - **Eating:** Percentage of members who remained stable or demonstrated improvement in eating.
 - **Urinary Continence:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence.
 - **Medication Administration:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in managing medications.

Table 9
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
Partial Capitation Plans						
Aetna Better Health	88▲	84	90▲	63	77▲	68
AgeWell New York	88▲	86▲	89▲	69▲	76▲	66
AlphaCare of New York	80	83	84	70	76▲	66
ArchCare Community Life	79▼	75▼	83	63	68	61▼
CenterLight Select	84	80	90▲	64	72	69▲
Centers Plan for Healthy Living	85▲	79	83▼	59▼	76▲	70▲
Elderplan dba Homefirst	88▲	89▲	95▲	75▲	82▲	74▲
ElderServe dba RiverSpring	75▼	74▼	84	54▼	66▼	52▼
Elderwood Health Plan	SS	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	87▲	85▲	86	65	71	66
EverCare Choice	85	87▲	76▼	82▲	71	82▲
Extended MLTC	92▲	95▲	92▲	86▲	79▲	69
Fallon Health Weinberg	81	91	65▼	88▲	74	81▲
Fidelis Care at Home	79▼	77▼	84	59▼	64▼	59▼
GuildNet	89▲	84▲	88▲	70▲	69▼	75▲
Hamaspik Choice	77▼	76▼	75▼	69	58▼	65
iCircle	79	80	77▼	69	68	67
Independence Care System	89▲	85▲	88	72▲	70	72▲
Integra MLTC	83	80	93▲	65	72	66
Kalos Health	88	91▲	83	87▲	76	83▲
MetroPlus MLTC	81	78	84	67	68	64
Montefiore MLTC	82	73▼	78▼	64	65	73
North Shore-LIJ Health Plan	88▲	85▲	89▲	72▲	72	76▲
Prime Health Choice	86	89	SS	72	83	74
Senior Health Partners	80▼	78▼	87	60▼	68	65
Senior Network Health	81	89▲	72▼	87▲	65	68
Senior Whole Health Partial	86▲	85▲	84	65	80▲	73▲
United Health Personal Assist	88▲	88▲	82	79▲	72	76▲
VillageCareMAX	89▲	84▲	88▲	71▲	77▲	74▲
VNA Homecare Options	87	90▲	78▼	85▲	73	83▲

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
Partial Capitation Plans (Continued)						
VNS CHOICE MLTC	73▼	74▼	80▼	55▼	63▼	54▼
WellCare Advocate Partial	75▼	77▼	80▼	56▼	66▼	53▼
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	80	78	78	65	66	67
Catholic Health – LIFE	84	94	73	90▲	65	78
CenterLight PACE	91▲	87▲	84	77▲	74▲	75▲
Complete Senior Care	99▲	100▲	SS	100▲	88▲	83▲
Eddy Senior Care	87	85	66▼	85▲	69	76
ElderONE	84	90▲	71▼	90▲	72	82▲
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS	SS
PACE CNY	87	90▲	68▼	87▲	73	66
Total Senior Care	81	83	77	83	64	69
Medicaid Advantage Plus (MAP)						
Elderplan	90▲	92▲	94▲	77▲	80▲	72
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	82	79	76	69	62	69
GuildNet Medicaid Advantage Plus	91▲	85	86	74▲	69	78▲
MHI Healthfirst Complete Care	78▼	76▼	88	57▼	70	63
Senior Whole Health	89	82	SS	72	71	65
VNS CHOICE Total	64▼	67	81	49	52	44
Fully Integrated Duals Advantage (FIDA)						
Aetna Better Health FIDA	84	73	SS	44	81	67
AgeWell New York FIDA	87	82	SS	59	72	72
AlphaCare Signature FIDA	SS	SS	SS	SS	SS	SS
CenterLight Healthcare FIDA	81	85	96	59	71	61
Elderplan FIDA Total Care	92▲	90	95	76	84▲	77
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	83	86	89	65	72	67
GuildNet Gold Plus FIDA	90▲	86	90	70	68	77▲
Healthfirst AbsoluteCare FIDA	82	82	92	62	74	65

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	NFLOC*	ADL*	IADL	Loco- motion*	Bathing	Toilet Transfer
Fully Integrated Duals Advantage (FIDA) (Continued)						
ICS Community Care Plus FIDA	88	80	92	69	66	75
MetroPlus FIDA	87	81	87	74	72	75
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	83	88	SS	74	71	68
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	75▼	78▼	83	61	64▼	57▼
WellCare Advocate Complete FIDA	SS	SS	SS	SS	SS	SS
STATEWIDE	83	82	85	65	70	66

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis- tration*
Partial Capitation Plans						
Aetna Better Health	75	77▲	70▲	81▲	73	69▲
AgeWell New York	77▲	72▲	62	83▲	79▲	69▲
AlphaCare of New York	77▲	77▲	58	81	71	69▲
ArchCare Community Life	66▼	70	57▼	75	71	58▼
CenterLight Select	71	66▼	63	76	74	65
Centers Plan for Healthy Living	79▲	76▲	69▲	82▲	65▼	63
Elderplan dba Homefirst	80▲	81▲	64▲	77	76▲	72▲
ElderServe dba RiverSpring	68▼	68	43▼	65▼	72	56▼
Elderwood Health Plan	SS	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	72	70	62	75	76	64
EverCare Choice	71	67	77▲	83▲	74	55▼
Extended MLTC	80▲	80▲	49▼	95▲	69	72▲
Fallon Health Weinberg	67	67	77▲	86	81	60
Fidelis Care at Home	68▼	61▼	56▼	73▼	75	59▼
GuildNet	74▲	66▼	67▲	86▲	74	67▲
Hamaspik Choice	62▼	59▼	59	78	72	53▼
iCircle	67	67	64	79	77	58
Independence Care System	74	66	67▲	82▲	75	72▲
Integra MLTC	72	69	64	78	76	69▲
Kalos Health	79	77	81▲	93▲	79	69
MetroPlus MLTC	70	64	61	76	71	63
Montefiore MLTC	65	67	67	75	70	55▼
North Shore-LIJ Health Plan	80▲	74▲	71▲	82▲	77	71▲
Prime Health Choice	81	79	72	79	72	83
Senior Health Partners	73	71▲	70▲	75▼	71▼	61▼
Senior Network Health	74	65	75▲	88▲	78	63
Senior Whole Health Partial	74	74▲	63	75	70▼	67▲
United Health Personal Assist	72	66	70▲	81	77	65
VillageCareMAX	77▲	76▲	66▲	80▲	76	68▲
VNA Homecare Options	76	70	79▲	86▲	77	68

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis- tration*
Partial Capitation Plans (Continued)						
VNS CHOICE MLTC	63▼	57▼	49▼	72▼	65▼	56▼
WellCare Advocate Partial	68▼	69	54▼	72▼	73	54▼
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	71	67	62	74	72	64
Catholic Health – LIFE	69	69	76	85	81	50
CenterLight PACE	76▲	71	75▲	83▲	79▲	74▲
Complete Senior Care	85	82	87▲	91	81	69
Eddy Senior Care	73	62	70	81	79	55
ElderONE	76	72	80▲	85▲	76	60
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS	SS
PACE CNY	71	68	72▲	82	80	62
Total Senior Care	68	68	74	87	86	56
Medicaid Advantage Plus (MAP)						
Elderplan	77	79▲	60	74	82▲	72▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	65	61	54	71	79	57
GuildNet Medicaid Advantage Plus	74	68	68	87▲	79	66
MHI Healthfirst Complete Care	76	74▲	72▲	79	70▼	57▼
Senior Whole Health	71	67	50	71	77	58
VNS CHOICE Total	62	60	44	67	58	56
Fully Integrated Duals Advantage (FIDA)						
Aetna Better Health FIDA	59	76	65	89	67	64
AgeWell New York FIDA	75	72	63	78	64	69
AlphaCare Signature FIDA	SS	SS	SS	SS	SS	SS
CenterLight Healthcare FIDA	69	62	54	77	74	68
Elderplan FIDA Total Care	82	81▲	65	84	82	75▲
FIDA Care Complete	SS	SS	SS	SS	SS	SS
Fidelis Care FIDA	75	67	64	81	75	70
GuildNet Gold Plus FIDA	72	63	61	79	76	63
Healthfirst AbsoluteCare FIDA	77	77▲	73▲	80	73	65

Table 9 (Continued)
Functioning and Activities of Daily Living

Health Plan	Dressing Upper Body	Dressing Lower Body	Toileting	Eating	Urinary Continence*	Medication Adminis- tration*
Fully Integrated Duals Advantage (FIDA) (Continued)						
ICS Community Care Plus FIDA	68	56	64	77	75	73
MetroPlus FIDA	69	64	70	81	73	70
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS	SS
SWH Whole Health FIDA	69	74	46	81	86	66
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	66▼	56▼	51▼	73▼	66▼	63
WellCare Advocate Complete FIDA	SS	SS	SS	SS	SS	SS
STATEWIDE	72	69	61	77	74	64

*Risk-adjusted, see Appendix D for more detail.

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average



Quality of Life and Effectiveness of Care

- **Cognition:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in cognition.
- **Communication:** Percentage of members who remained stable or demonstrated improvement in communication.
- **Pain Intensity:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity.
- **Mood:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in mood.
- **Shortness of Breath:** Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath.

Table 10
Quality of Life and Effectiveness of Care

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
Partial Capitation Plans					
Aetna Better Health	79▲	83	85	82	87
AgeWell New York	82▲	88▲	89▲	83	91▲
AlphaCare of New York	74	83	85	81	86
ArchCare Community Life	74	80	83	79	85
CenterLight Select	70▼	73▼	81▼	80▼	81▼
Centers Plan for Healthy Living	78▲	93▲	84	84	87
Elderplan dba Homefirst	77▲	74▼	86	84▲	91▲
ElderServe dba RiverSpring	71▼	79▼	92▲	80▼	91▲
Elderwood Health Plan	SS	SS	SS	SS	SS
Empire BCBS HealthPlus MLTC	82▲	85▲	84	84	88
EverCare Choice	74	77	89	77▼	90
Extended MLTC	85▲	92▲	92▲	93▲	96▲
Fallon Health Weinberg	71	85	81	79	87
Fidelis Care at Home	76	83	85	83	87
GuildNet	79▲	84▲	84▼	80▼	90▲
Hamaspik Choice	77	89▲	83	74▼	83▼
iCircle	81	88▲	74▼	64▼	83
Independence Care System	84▲	87▲	89▲	84	89▲
Integra MLTC	77	82	87	82	88
Kalos Health	85▲	87	85	66▼	86
MetroPlus MLTC	75	80	83	89▲	85
Montefiore MLTC	76	77	85	83	88
North Shore-LIJ Health Plan	83▲	90▲	84	84	85
Prime Health Choice	90	94	81	92	84
Senior Health Partners	56▼	80	87	84	83▼
Senior Network Health	68	77	80	77	85
Senior Whole Health Partial	72	82	88	76▼	84▼
United Health Personal Assist	82▲	85	90	81	87
VillageCareMAX	79▲	85▲	91▲	88▲	91▲
VNA Homecare Options	81▲	86	82	67▼	88

Table 10 (Continued)
Quality of Life and Effectiveness of Care

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
Partial Capitation Plans (Continued)					
VNS CHOICE MLTC	71▼	82	84▼	83	79▼
WellCare Advocate Partial	69▼	80	83▼	85▲	85▼
Program of All-Inclusive Care for the Elderly (PACE)					
ArchCare Senior Life	66▼	71▼	79▼	80	91
Catholic Health – LIFE	79	84	85	76	88
CenterLight PACE	83▲	87▲	90▲	87▲	94▲
Complete Senior Care	91▲	91	89	83	96
Eddy Senior Care	78	82	86	68▼	88
ElderONE	79	79	86	72▼	89
Fallon Health Weinberg-PACE	SS	SS	SS	SS	SS
PACE CNY	79	75▼	84	66▼	88
Total Senior Care	79	88	70▼	62▼	84
Medicaid Advantage Plus (MAP)					
Elderplan	76	77▼	85	85	94▲
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	74	90	90	89	88
GuildNet Medicaid Advantage Plus	86▲	86	84	84	90
MHI Healthfirst Complete Care	47▼	85	86	84	77▼
Senior Whole Health	81	81	95	78	86
VNS CHOICE Total	71	75	89	80	76
Fully Integrated Duals Advantage (FIDA)					
Aetna Better Health FIDA	67	70	89	94	83
AgeWell New York FIDA	76	91	95	88	94
AlphaCare Signature FIDA	SS	SS	SS	SS	SS
CenterLight Healthcare FIDA	76	72	85	87	82
Elderplan FIDA Total Care	86▲	80	86	89	95▲
FIDA Care Complete	SS	SS	SS	SS	SS
Fidelis Care FIDA	83	89	88	86	92
GuildNet Gold Plus FIDA	83▲	85	87	84	92▲
Healthfirst AbsoluteCare FIDA	56▼	82	86	84	85

Table 10 (Continued)
Quality of Life and Effectiveness of Care

Health Plan	Cognition*	Communi- cation	Pain Intensity*	Mood*	Shortness of Breath*
Fully Integrated Duals Advantage (FIDA) (Continued)					
ICS Community Care Plus FIDA	78	82	90	86	91
MetroPlus FIDA	85	88	86	93▲	86
North Shore-LIJ FIDA LiveWell	SS	SS	SS	SS	SS
RiverSpring FIDA	SS	SS	SS	SS	SS
SWH Whole Health FIDA	84	90	88	74	88
VillageCareMAX Full Advantage FIDA	SS	SS	SS	SS	SS
VNSNY CHOICE FIDA Complete	76	83	88	89▲	83▼
WellCare Advocate Complete FIDA	SS	SS	SS	SS	SS
STATEWIDE	75	82	86	82	87

**Risk-adjusted, see Appendix D for more detail.*

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Potentially Avoidable Hospitalizations

A potentially avoidable hospitalization (PAH) is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. MLTC enrollment, based on capitation payments, was used to identify eligible enrollees as those with four months or greater continuous enrollment periods in a MLTC plan from April through December 2015. July through December 2015 Statewide Planning and Research Cooperative System (SPARCS) data was used to calculate the PAH measure. SPARCS is an all-payer hospital database in New York State. UAS-NY records that matched to SPARCS, and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. Some individuals

may have had more than one PAH. All PAH were summed by plan to create the plan numerator and overall to create the statewide numerator. Plan days for members with plan enrollment of greater than 90 days, were summed by plan to create the plan denominator and overall to create the statewide denominator. The PAH measure is a calculation of the number of potentially avoidable hospitalizations (numerator) divided by the number of plan days (denominator), multiplied by 10,000. PAH rates were risk-adjusted. (Please refer to Appendix D for more detailed information on risk-adjustment.) Plans with fewer than 5,400 plan days are reported in the table as SS (Small Sample), but their data are still included in the calculation of the statewide rate. Based on the risk-adjusted model, the rate is the number of potentially avoidable hospitalizations that occur for each 10,000 member days that a plan accumulates.

Table 11
Potentially Avoidable Hospitalizations

Health Plan	Risk Adjusted Rate*
Partial Capitation Plans	
Aetna Better Health	3.28▼
AgeWell New York	3.73
AlphaCare of New York	3.47
ArchCare Community Life	4.55
CenterLight Select	3.72
Centers Plan for Healthy Living	3.35▼
Elderplan dba Homefirst	3.99
ElderServe dba RiverSpring	3.54▼
Elderwood Health Plan	SS
Empire BCBS HealthPlus MLTC	3.55
EverCare Choice	6.98▲
Extended MLTC	2.12▼
Fallon Health Weinberg	7.13▲
Fidelis Care at Home	4.01
GuildNet	4.89▲
Hamaspik Choice	4.94
iCircle	3.65
Independence Care System	4.40
Integra MLTC	3.83
Kalos Health	4.15
MetroPlus MLTC	4.35
Montefiore MLTC	6.42▲
North Shore-LIJ Health Plan	4.40
Prime Health Choice	5.93
Senior Health Partners	3.46▼
Senior Network Health	8.59▲
Senior Whole Health Partial	2.81▼
United Health Personal Assist	4.45
VillageCareMAX	4.11

Health Plan	Risk Adjusted Rate*
VNA Homecare Options	4.45
VNS CHOICE MLTC	4.42▲
WellCare Advocate Partial	3.85
Program of All-Inclusive Care for the Elderly (PACE)	
ArchCare Senior Life	3.53
Catholic Health – LIFE	2.23
CenterLight PACE	4.11
Complete Senior Care	0.00▼
Eddy Senior Care	3.74
ElderONE	5.16
Fallon Health Weinberg-PACE	SS
PACE CNY	3.98
Total Senior Care	2.49
Medicaid Advantage Plus (MAP)	
Elderplan	4.27
Empire BCBS HealthPlus MAP	SS
Fidelis Medicaid Advantage Plus	3.91
GuildNet Medicaid Advantage Plus	4.02
MHI Healthfirst Complete Care	3.83
Senior Whole Health	2.17
VNS CHOICE Total	4.45
Fully Integrated Duals Advantage (FIDA)	
Aetna Better Health FIDA	SS
AgeWell New York FIDA	SS
AlphaCare Signature FIDA	SS
CenterLight Healthcare FIDA	2.21
Elderplan FIDA Total Care	5.38
FIDA Care Complete	SS
Fidelis Care FIDA	2.19
GuildNet Gold Plus FIDA	3.49

Table 11 (Continued)
Potentially Avoidable Hospitalizations

Health Plan	Risk Adjusted Rate*
Fully Integrated Duals Advantage (FIDA) (Continued)	
Healthfirst AbsoluteCare FIDA	3.80
ICS Community Care Plus FIDA	2.05
MetroPlus FIDA	4.28
North Shore-LIJ FIDA LiveWell	SS
RiverSpring FIDA	SS

Health Plan	Risk Adjusted Rate*
SWH Whole Health FIDA	2.75
VillageCareMAX Full Advantage FIDA	SS
VNSNY CHOICE FIDA Complete	2.82▼
WellCare Advocate Complete FIDA	SS
STATEWIDE	4.03

*Risk-adjusted plan rate multiplied by 10,000.

SS = Sample size too small to report

▲ Significantly higher (worse) than statewide average

▼ Significantly lower (better) than statewide average

Member Satisfaction

In 2007, the NYSDOH, in consultation with the MLTC plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and then administered by the NYSDOH's external quality review organization, IPRO. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information, which is not shown here. In the 2015 survey, mailed to members in December 2014, five previous questions were replaced by seven new questions focusing on specifying the correct MLTC plan and community or nursing home setting, handling of complaints or grievances, awareness of the Consumer Directed Personal Assistance option, mental or emotional health, and English fluency. Beginning in 2015, all statewide satisfaction survey results are weighted to account for unequal plan sizes. Weighting by plan eligible population allows larger plans to contribute more and smaller plans to contribute less to the statewide average, which yields a more accurate statewide result.

In an effort to obtain the highest possible response rate and more importantly to not disproportionately impact any particular plan's response rate due to the demographic composition of its membership, the

survey was conducted in four languages: English, Spanish, Russian and Chinese. Of the 18,909 surveys that were mailed, 1,105 were returned as undeliverable, yielding an adjusted population of 17,804. Of the 17,804 surveys that reached enrollees, a total of 4,592 surveys were completed, with an overall response rate of 26 percent. Response rates for plans ranged from about 13 to 51 percent.

Satisfaction with the Experience of Care

The following table presents rates of satisfaction with providers and services compared to the statewide rate. Satisfaction measures that were risk-adjusted to reduce the effect of a plan's case mix on its rate are marked with an asterisk (*) in Table 12. (Please refer to Appendix D for more detailed information on risk adjustment.) It should be noted that some plans were not operational at the time of survey sample selection or did not have enrollees eligible for the survey. Accordingly, some plans included in the table are marked as "NS" (Not Surveyed). Beginning in 2015, six measures on Access and Experience of Care from the satisfaction survey have been moved to the plan performance measure area (Table 8). FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.



Satisfaction with the Experience of Care

- **Rating of Health Plan:** Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent.
- **Rating of Dentist:** Risk-adjusted percentage of members who rated the quality of dental services within the last six months as good or excellent.
- **Rating of Care Manager:** Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent.
- **Rating of Regular Visiting Nurse:** Risk-adjusted percentage of members who rated the quality of regular visiting nurse/registered nurse services within the last six months as good or excellent.
- **Rating of Home Health Aide:** Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent.
- **Rating of Transportation Services:** Risk-adjusted percentage of members who rated the quality of transportation services within the last six months as good or excellent.
- **Timeliness of Home Health Aide:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time.
- **Timeliness Composite:** Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse/registered nurse, or covering/on-call nurse services were usually or always on time.
- **Involved in Decisions:** Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care.
- **Manage Illness:** Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent.

Table 12
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*
Partial Capitation Plans						
Aetna Better Health	89	61	80	83	85	69
AgeWell New York	80	66	79	82	85	69
AlphaCare of New York	73	SS	72	62▼	81	SS
ArchCare Community Life	90	68	87	83	88	77
CenterLight Select	77▼	57▼	59▼	80	96▲	79
Centers Plan for Healthy Living	84	66	79	81	82	77
Elderplan dba Homefirst	79	70	77	81	85	71
ElderServe dba RiverSpring	90	78	86	89	96▲	87▲
Elderwood Health Plan	NS	NS	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	94▲	66	87	86	96▲	64▼
EverCare Choice	83	77	87	89	86	78
Extended MLTC	71▼	SS	72	82	SS	SS
Fallon Health Weinberg	SS	SS	SS	SS	SS	SS
Fidelis Care at Home	89	77	83	88	89	82
GuildNet	93▲	74	84	89	93	77
Hamaspik Choice	SS	SS	SS	SS	SS	SS
iCircle	NS	NS	NS	NS	NS	NS
Independence Care System	84	71	77	82	89	73
Integra MLTC	90	69	81	84	90	82
Kalos Health	NS	NS	NS	NS	NS	NS
MetroPlus MLTC	86	72	80	81	89	74
Montefiore MLTC	SS	SS	SS	SS	SS	SS
North Shore-LIJ Health Plan	93▲	75	91▲	86	90	81
Prime Health Choice	NS	NS	NS	NS	NS	NS
Senior Health Partners	76▼	72	75	75	83	80
Senior Network Health	97▲	84▲	90▲	96▲	95▲	91▲
Senior Whole Health Partial	86	76	83	83	91	73
United Health Personal Assist	87	72	88	81	88	62▼
VillageCareMAX	85	66	83	84	93	75
VNA Homecare Options	86	87▲	86	90	80	89▲

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Rating of Health Plan*	Rating of Dentist*	Rating of Care Manager*	Rating of Regular Visiting Nurse*	Rating of Home Health Aide*	Rating of Transportation Services*
Partial Capitation Plans (Continued)						
VNS CHOICE MLTC	86	64	81	83	95▲	76
WellCare Advocate Partial	83	70	88▲	88	89	72
Program of All-Inclusive Care for the Elderly (PACE)						
ArchCare Senior Life	81	56	82	81	88	79
Catholic Health – LIFE	95▲	88▲	91▲	95▲	90	88▲
CenterLight PACE	82	65	80	84	82	86▲
Complete Senior Care	SS	73	SS	SS	SS	SS
Eddy Senior Care	SS	SS	SS	SS	SS	SS
ElderONE	77	80	70	82	79	78
Fallon Health Weinberg-PACE	NS	NS	NS	NS	NS	NS
PACE CNY	90	79	84	88	87	91▲
Total Senior Care	SS	SS	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)						
Elderplan	86	72	80	80	88	68
Empire BCBS HealthPlus MAP	SS	SS	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	93	SS	SS	SS	SS	SS
GuildNet Medicaid Advantage Plus	92▲	79	88	87	91	77
MHI Healthfirst Complete Care	93▲	68	81	81	92	72
Senior Whole Health	SS	SS	SS	SS	SS	SS
VNS CHOICE Total	92	71	90▲	93▲	96▲	79
STATEWIDE	86	71	81	84	88	77

*Risk-adjusted, see Appendix D for more detail.

FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
Partial Capitation Plans				
Aetna Better Health	93	83	73	80
AgeWell New York	92	84	74	76▼
AlphaCare of New York	77▼	72▼	77	74
ArchCare Community Life	93	79	79	89
CenterLight Select	87	75▼	66▼	73▼
Centers Plan for Healthy Living	89	79	72	80
Elderplan dba Homefirst	90	77▼	77	86
ElderServe dba RiverSpring	93	88▲	82	88
Elderwood Health Plan	NS	NS	NS	NS
Empire BCBS HealthPlus MLTC	99▲	86	77	89
EverCare Choice	90	88▲	77	90
Extended MLTC	92	SS	77	SS
Fallon Health Weinberg	SS	SS	SS	SS
Fidelis Care at Home	92	88▲	74	81
GuildNet	96	87▲	77	87
Hamaspik Choice	SS	SS	SS	SS
iCircle	NS	NS	NS	NS
Independence Care System	96	86▲	78	85
Integra MLTC	90	82	84▲	86
Kalos Health	NS	NS	NS	NS
MetroPlus MLTC	95	85	82	87
Montefiore MLTC	SS	SS	SS	SS
North Shore-LIJ Health Plan	98▲	86	71	85
Prime Health Choice	NS	NS	NS	NS
Senior Health Partners	88	77▼	79	83
Senior Network Health	95	95▲	86▲	92▲
Senior Whole Health Partial	96	84	70	85
United Health Personal Assist	90	75▼	71	76
VillageCareMAX	90	83	72	87
VNA Homecare Options	88	89▲	84	81

Table 12 (Continued)
Satisfaction with the Experience of Care

Health Plan	Timeliness of Home Health Aide*	Timeliness Composite*	Involved in Decisions*	Manage Illness*
Partial Capitation Plans (Continued)				
VNS CHOICE MLTC	96	80	74	84
WellCare Advocate Partial	91	84	74	86
Program of All-Inclusive Care for the Elderly (PACE)				
ArchCare Senior Life	96	86	69	86
Catholic Health – LIFE	100▲	94▲	80	89
CenterLight PACE	91	84	78	89
Complete Senior Care	SS	SS	59▼	SS
Eddy Senior Care	SS	SS	SS	SS
ElderONE	91	81	75	85
Fallon Health Weinberg-PACE	NS	NS	NS	NS
PACE CNY	83▼	85	80	91▲
Total Senior Care	SS	SS	SS	SS
Medicaid Advantage Plus (MAP)				
Elderplan	97▲	82	72	88
Empire BCBS HealthPlus MAP	SS	SS	SS	SS
Fidelis Medicaid Advantage Plus	SS	SS	93▲	83
GuildNet Medicaid Advantage Plus	97▲	86	79	92▲
MHI Healthfirst Complete Care	93	81	77	89
Senior Whole Health	SS	SS	SS	SS
VNS CHOICE Total	100▲	93▲	75	89
STATEWIDE	93	83	76	85

*Risk-adjusted, see Appendix D for more detail.

FIDA plans are not part of the NYSDOH sponsored member satisfaction survey.

NS = Not surveyed

SS = Sample size too small to report

▲ Significantly higher (better) than statewide average

▼ Significantly lower (worse) than statewide average

Appendix A: Managed Long-Term Care Covered Services

List of Services	Partial Capitation	PACE	MAP	FIDA
Adult Day Health Care	●	●	●	■
Audiology/Hearing Aids	●	●	●	■
Care Management	●	●	●	■
Consumer Directed Personal Assistance Services	●	●	●	■
Dental Services	●	●	●	■
Home Care (Nursing, home health aide, occupational, physical and speech therapies)	●	●	●	■
Home Delivered and/or Meals in a Group Setting (Such as a day center)	●	●	●	■
Durable Medical Equipment	●	●	●	■
Medical Supplies	●	●	●	■
Medical Social Services	●	●	●	■
Non-emergency Transportation to Receive Medically Necessary Services	●	●	●	■
Nursing Home Care	●	●	●	■
Nutrition	●	●	●	■
Optometry/Eyeglasses	●	●	●	■
Personal Care (Assistance with bathing, eating, dressing, etc.)	●	●	●	■
Personal Emergency Response System	●	●	●	■
Podiatry (Foot care)	●	●	●	■
Private Duty Nursing	●	●	●	■
Prostheses and Orthotics	●	●	●	■
Rehabilitation Therapies, Outpatient	●	●	●	■
Respiratory Therapies	●	●	●	■
Social Day Care	●	●	●	■
Social/Environmental Supports (Such as chore services or home modifications)	●	●	●	■
Chronic Renal Dialysis		● – MC	MC	■
Emergency Transportation		● – MC	MC	■
Inpatient Hospital Services		● – MC	MC	■
Laboratory Services		● – MC	MC	■
Mental Health & Substance Abuse		● – MC	MC	■
Outpatient Hospital/Clinic Services		● – MC	MC	■
Prescription and Non-prescription Drugs		● – MC	MC	■
Primary and Specialty Doctor Services		● – MC	MC	■
X-Ray and Other Radiology Services		● – MC	MC	■

●: Covered through Medicaid premium

● – MC: Covered through the Medicare PACE premium

MC: Covered through the Medicare Advantage Plan premium

■: Covered through the blended Medicare-Medicaid premium

Appendix B: Region Definitions

Region	Counties
Central	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Long Island	Nassau, Suffolk
Northeast	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
New York City	Bronx, Kings, New York, Queens, Richmond
Western	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates

Appendix C: UAS-NY Measure Descriptions

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 2: Utilization and Patient Safety	Nursing facility use (Section L)	Statewide prevalence	Members who had at least one nursing home admis- sion within the last 90 days (or since last assessment if less than 90 days)	All members
	Reasons for nursing home use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a nursing home admission
	Inpatient acute hospital with overnight stay (Section L)	Statewide prevalence	Members who had at least one hospital admission within the last 90 days (or since last assessment if less than 90 days)	All members
			Members who had two or more hospital admissions within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for hospitalization (Section L)	Statewide prevalence	Members who had the specified reason	Members who had a hospital admission
	Emergency room visit (Section L)	Statewide prevalence	Members who had at least one emergency room visit within the last 90 days (or since last assessment if less than 90 days)	All members
			Members who had two or more emergency room visits within the last 90 days (or since last assessment if less than 90 days)	All members
	Clinical reasons for emergency room use (Section L)	Statewide prevalence	Members who had the specified reason	Members who had an emergency room visit

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 4: Overall Functioning and Activities of Daily Living	Locomotion (Section F)	Prevalence	Members who moved between locations on same floor independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Bathing (Section F)	Prevalence	Members who took a full-body bath/shower independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Toilet transfer (Section F)	Prevalence	Members who moved on and off the toilet or commode independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Dressing upper body (Section F)	Prevalence	Members who dressed and undressed their upper body independently, with setup help only, or under supervision	All members except those who did not have activity occur during the last three days
	Dressing lower body (Section F)	Prevalence	Members who dressed and undressed their lower body independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Toilet use (Section F)	Prevalence	Members who used the toilet room (or commode, bedpan, urinal) independently, with setup help only, or under supervision	All members except those who did not have activity occur over the last three days
	Eating (Section F)	Prevalence	Members who ate and drank (including intake of nutrition by other means) independently or with setup help only	All members except those who did not have activity occur over the last three days
	Managing medications (Section F)	Prevalence	Members who managed their medications independently	All members

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 5: Continence, Neurological and Behavioral Status	Urinary continence (Section G)	Prevalence	Members who were continent, had control with any catheter or ostomy, or were infrequently incontinent of urine over last 3 days	All members except those who did not have urine output from bladder over the last 3 days
	Bowel continence (Section G)	Prevalence	Members who were continent, had bowel control with ostomy, or infrequently incontinent of feces over last 3 days	All members except those who did not have bowel movement over the last 3 days
	Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and eating (Section B, C & F)	Prevalence	Members whose cognitive performance scale (CPS2) indicated intact functioning. The CPS2 is a composite measure of cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and how eats and drinks.	All members
	Behavioral symptoms (Section D)	Prevalence	Members who did not have any behavior symptoms (wandering, verbally abusive, physically abusive, socially inappropriate/ disruptive, inappropriate public sexual behavior/ disrobing, or resisting care)	All members
Table 6: Living Arrangement and Emotional Status	Living arrangement (Section A)	Prevalence	Members who lived alone	All members
	Self-reported anxious feelings (Section D)	Prevalence	Members who reported no anxious, restless, or uneasy feelings	All members except those who could not respond
	Self-reported depressed feelings (Section D)	Prevalence	Members who reported no sad, depressed, or hopeless feelings	All members except those who could not respond

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits	Dyspnea (Section I)	Prevalence	Members who did not experience shortness of breath	All members
	Pain frequency and pain intensity (Section I)	Risk-adjusted prevalence	Members who did not experience severe or excruciating pain daily or on 1-2 days over the last 3 days	All members
	Pain frequency and pain control (Section I)	Risk-adjusted prevalence	Members who did not experience uncontrolled pain	All members
	Lonely, social activities, time alone, stressors, self- reported depressed feelings, and withdrawal (Section D & E)	Risk-adjusted prevalence	Members who were not lonely or did not experience any of the following: decline in social activities, 8 or more hours alone during the day, major life stressors, self-reported depression, or withdrawal from activities	All members
	Influenza vaccine (Section L)	Prevalence	Members who received an influenza vaccine in the last year	All members
	Pneumovax vaccine (Section L)	Prevalence	Members age 65 or older who received a pneumo- coccal vaccine in the last 5 years or after age 65	All members age 65 and over
	Dental exam (Section L)	Prevalence	Members who received a dental exam in the last year	All members
	Eye exam (Section L)	Prevalence	Members who received an eye exam in the last year	All members
	Hearing exam (Section L)	Prevalence	Members who received a hearing exam in the last two years	All members
	Breast exam (Section L)	Prevalence	Female members ages 50-74 who received a mammogram or breast exam in the last two years	All female members ages 50-74

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 7: Quality of Life, Effectiveness of Care, and Emergency Room Visits (Continued)	Number of falls that result in medical intervention (Section I)	Risk-adjusted prevalence	Members who did not have falls that required medical intervention in the last 90 days	All members
	Emergency room visit (Section L)	Risk-adjusted prevalence	Members who did not have an emergency room visit during the last 90 days (or since last assessment if less than 90 days)	All members
Table 9: Functioning and Activities of Daily Living	Nursing Facility Level of Care Score (Sections B, C, D, F, G, J)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in NFLOC score	All members
	Locomotion, hygiene, and bathing (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in ADL function	All members except those who did not have activity occur over the last three days for any of the three items
	Meal preparation, ordinary housework, managing medica- tions, shopping, and transportation (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in IADL function	All members except those who did not have activity occur over the last three days for any of the five items
	Locomotion (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in moving between locations on same floor	All members except those who did not have activity occur over the last three days
	Bathing (Section F)	Over-time	Members who remained stable or demonstrated improvement in taking a full-body bath/shower	All members except those who did not have activity occur over the last three days
	Toilet transfer (Section F)	Over-time	Members who remained stable or demonstrated improvement in moving on and off the toilet or commode	All members except those who did not have activity occur over the last three days
	Dressing upper body (Section F)	Over-time	Members who remained stable or demonstrated improvement in dressing and undressing their upper body	All members except those who did not have activity occur over the last three days

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 9: Functioning and Activities of Daily Living (Continued)	Dressing lower body (Section F)	Over-time	Members who remained stable or demonstrated improvement in dressing and undressing their lower body	All members except those who did not have activity occur over the last three days
	Toilet use (Section F)	Over-time	Members who remained stable or demonstrated improvement in using the toilet room (or commode, bedpan, urinal)	All members except those who did not have activity occur over the last three days
	Eating (Section F)	Over-time	Members who remained stable or demonstrated improvement in eating and drinking (including intake of nutrition by other means)	All members except those who did not have activity occur over the last three days
	Bladder continence (Section G)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in urinary continence	All members except those who did not have urine output from bladder over the last three days on previous or most recent assessment
	Managing medications (Section F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in managing medications	All members except those who did not have activity occur over the last three days
Table 10: Quality of Life and Effectiveness of Care	Cognitive skills for daily decision making, short-term memory, procedural memory, making self understood, and eating (Section B, C & F)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in cognition	All members
	Making self understood and ability to understand others (Section C)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in communication	All members
	Pain frequency and pain intensity (Section I)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in pain intensity	All members

Table	UAS-NY Question (Section on UAS-NY)	Type	Numerator	Denominator
Table 10: Quality of Life and Effectiveness of Care (Continued)	Made negative statements, persistent anger, unrealistic fears, health complaints, anxious complaints, sad facial expressions, crying, self-reported little interest or pleasure, self-reported anxious, and self-reported sad (Section D)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in mood	All members
	Dyspnea (Section I)	Risk-adjusted over-time	Members who remained stable or demonstrated improvement in shortness of breath	All members

Appendix D: Technical Notes

Risk Adjustment

Health care processes of care, outcomes, and patient attributes do not always occur randomly across all plans. For example, certain risk factors, such as age or level of functioning, may be disproportionate across plans and beyond the plans' control. Risk adjustment is used to account for and reduce the effects of these confounding factors that may influence a plan's rate. Therefore, risk-adjusted rates allow for a fairer comparison among the plans. The risk-adjusted measures in this report were chosen because they are important outcomes representing plan performance. Following is a description of the methodologies.

Observed Rate

The observed rate is the plan's numerator divided by the plan's denominator for each measure.

Expected Rate

The expected measure rate is the rate a plan would have if the plan's patient mix were identical to the patient mix of the state.

Risk-adjusted Rate

The plan-specific, risk-adjusted rate is the ratio of observed to expected measure rates multiplied by the overall statewide measure rate.

Methodology of 'Current Plan Performance' Measures

To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each current plan performance outcome. These models predicted a binary (yes/no) response for each outcome. The independent variables included in the final models are listed below.

1. No Severe Daily Pain

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Coronary heart disease present (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Self-reported health status poor (yes, no)
- Supervision through total dependence in locomotion (yes, no)

-
- Unsteady gait present (yes, no)
 - Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

2. Pain Controlled

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes, no)
- Any dyspnea (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Usually through never understood (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

3. Not Lonely or Not Distressed

- ADL Scale result of 3 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease or other dementia present (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Supervision through total dependence in managing medications (yes, no)
- Made negative statements within the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Pain daily (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)

4. No Falls

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- Pain daily (yes, no)
- Short-term memory problem (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

5. No Emergency Room Visits

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Depression Rating Scale result of 3 or greater (yes, no)
- Diabetes mellitus present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in bathing (yes, no)
- Stroke (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Unsteady gait present (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Methodology of ‘Performance Over Time’ Measures

The nine longitudinal outcomes below were risk-adjusted. To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each outcome. These models predicted a binary response for each outcome. For all over-time measures, stability or improvement versus a decrease in the rate over the measurement period was used as the outcome of interest. The independent variables included in the models and specified below, were taken from baseline UAS-NY assessments conducted for the January through June 2015 or July through December 2015 enrollment period.

1. Nursing Facility Level of Care (NFLOC)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Dizziness present (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Supervision through total dependence in managing medications (yes, no)
- Made negative statements within the last 3 days (yes, no)
- Nursing Facility Level of Care score of 34 or more (yes, no)
- Pain daily (yes, no)
- Self-reported health status poor (yes, no)

2. Activities of Daily Living (ADL)

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Dizziness present (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Gender (male, female)
- Made negative statements within the last 3 days (yes, no)
- Supervision through total dependence in locomotion (yes, no)
- Total dependence in ADL locomotion, hygiene, and bathing (yes, no)

3. Locomotion

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease or other dementia present (yes, no)
- Any dyspnea (yes, no)

-
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
 - Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
 - Congestive Heart Failure (CHF) present (yes, no)
 - Gender (male, female)
 - No days outside in the last 3 days (yes, no)
 - Not independent in bathing (yes, no)
 - Self-reported health status poor (yes, no)
 - Stroke (yes, no)
 - Supervision through total dependence in locomotion (yes, no)
 - Total dependence in ADL locomotion (yes, no)
 - Unsteady gait present (yes, no)

4. Urinary Continence

- ADL Scale result of 2 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Bladder Continence – Incontinent (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Coronary heart disease present (yes, no)
- Dizziness present (yes, no)
- Gender (male, female)
- Minimally or more impaired in cognitive skills for daily decision making (yes, no)
- No days outside in the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)

5. Medication Administration

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Gender (male, female)
- Short-term memory problem (yes, no)
- Total dependence in managing medications (yes, no)
- Unsteady gait present (yes, no)

6. Cognition

- ADL Scale result of 2 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer's disease present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Cognitive Performance Scale (CPS2) result of 5 or more (yes, no)
- Dementia other than Alzheimer's disease (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- No days outside in the last 3 days (yes, no)
- Not independent in cognitive skills for daily decision making (yes, no)
- Pain daily (yes, no)
- Stroke (yes, no)

7. Pain Intensity

- ADL Scale result of 2 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Diabetes mellitus present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Gender (male, female)
- Not independent in bathing (yes, no)
- Pain scale result of 3 or more (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Usually through never understands (yes, no)

8. Mood

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Any dyspnea (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)

-
- Disruptive behavior present (yes, no)
 - Dizziness present (yes, no)
 - Falls (yes, no)
 - Gender (male, female)
 - Minimally or more impaired in cognitive skills for daily decision making (yes, no)
 - Mood scale result of 4 or more (yes, no)
 - Not independent in bathing (yes, no)
 - Self-reported health status poor (yes, no)
 - Stroke (yes, no)
 - Supervision through total dependence in locomotion (yes, no)

9. Shortness of Breath

- ADL Scale result of 2 or greater (yes, no)
- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Sadness reported within the last 3 days (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Diabetes mellitus present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Dyspnea present at rest or when performed normal day-to-day activities (yes, no)
- End-stage disease, 6 or fewer months to live (yes, no)
- Falls (yes, no)
- Gender (male, female)
- No days outside in the last 3 days (yes, no)
- Self-reported health status poor (yes, no)
- Unsteady gait present (yes, no)
- Usually through never understood (yes, no)

Methodology of ‘Satisfaction’ Measures

Satisfaction ratings that are based on the respondent’s perception may differ by respondent attributes which may vary across plans and are beyond the plans’ control. To reduce the effect of these differences, these measures were adjusted for age (18-44, 45-64, 65-74, 75-84, 85 and over), education (0-8, 9-11, 12, 13-15, 16, 17 and over), and self-reported health status (poor, fair, good, very good, excellent). Age, education, and self-reported health status have been found to be important satisfaction survey control variables that are widely accepted and used in satisfaction survey analysis. Additionally, Rating of Home Health Aide and Timeliness of Home Health Aide were also adjusted for cognition (independent or modified independence, any level of impairment). To compute the risk-adjusted rates for these outcomes, a logistic regression model was developed for each satisfaction measure. These models predicted a binary (yes/no) response for each outcome.

Methodology of ‘Potentially Avoidable Hospitalization’ Measure

Risk-adjusted rates were calculated by developing a multinomial logistic regression model to predict the number of potentially avoidable hospitalizations. The independent variables included in the final model are listed below. To determine whether the risk-adjusted plan rate is significantly above or below the statewide rate, a z-score was calculated for each plan.

- Age (less than 55, 55-64, 65-74, 75-84, 85 and over)
- Alzheimer’s disease present (yes, no)
- Any dyspnea (yes, no)
- Any pain (yes, no)
- Sadness reported within the last 3 days (yes, no)
- Cancer present (yes, no)
- Chronic obstructive pulmonary disease (COPD) present (yes, no)
- Conditions or diseases make cognitive, mood, or behavior patterns unstable (yes, no)
- Congestive Heart Failure (CHF) present (yes, no)
- Coronary heart disease present (yes, no)
- Decline in ADL status compared to 90 days ago (yes, no)
- Diabetes mellitus present (yes, no)
- Disruptive behavior present (yes, no)
- Dizziness present (yes, no)
- Extensive assistance through total dependence in locomotion (yes, no)
- Falls (yes, no)
- Gender (male, female)
- Hip fracture during last 30 days (yes, no)
- Schizophrenia present (yes, no)
- Self-reported health status poor (yes, no)
- Stroke (yes, no)
- Unsteady gait present (yes, no)
- Usually through never understands (yes, no)
- Walks with assistive device, uses wheelchair, or is bedbound (yes, no)

Limitations of the Risk-Adjusted Data

The risk-adjusted methodology allows for more accurate comparisons among plans. Nevertheless, it has some limitations. If important risk factors are not included in the model as independent variables, the model can potentially overestimate or underestimate a plan’s risk-adjusted rate. Although the limitations presented here are an important consideration in interpreting the risk-adjusted outcomes, comparisons between plans are much more accurate when outcomes are risk-adjusted than when they are not.

Notes

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